



Section 504 Eligibility Determination Form

I. General Information

Student Name: _____ Today's Date: _____
Address: _____
Home Phone: _____ Work Phone: _____
School: _____ Grade: _____
504 Facilitator: _____ Phone: _____

II. Reason for Meeting

- Initial Evaluation Reevaluation before significant placement change
- Reevaluation Other: _____

III. Eligibility Criteria and Determination

Nature of concern: _____

The following data was presented: _____

Yes No Student has a physical ___ or mental ___ impairment (check one)
 Yes No Student's impairment substantially limits a major life activity.
Describe the areas where the substantial limitation exists: _____

Yes No Student meets 504 Eligibility Criteria

IV. Placement

- Regular classes Supplementary services
 - Accommodation plan No Accommodation plan (see Comments)
- Comments: _____

V. Committee Members

Name/Title	Signature	Date	Name/Title	Signature	Date

VI. Record of Action

Dates	Action	Initials:
_____	Parents provided written notice of rights	_____
_____	Notice of 504 evaluation and committee hearing	
_____	Accommodation Plan developed	
_____	Projected Review/Reevaluation Date	