



620 East University Avenue, Gainesville, Florida 32601

Section 504 – Eligibility Form

Student Name: _____ Today's Date: _____

Student#: _____ School: _____ Grade: _____

Date of Birth: _____ Sex : _____ Race: _____ Primary Language at Home _____

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Parent/Guardian Home Phone: _____ Work Phone: _____

Eligibility:

Yes **No**

1. Does the student have a physical or mental impairment/disability, a record of a disability or is the student regarded (perceived) as having a disability?

What is the impairment/disability: _____

2. Does this impairment/disability substantially impact one or more of the student's major life activities or bodily functions?

If yes, please identify the area of impact and how it impacts learning: _____

3. Does the student need Section 504 services/accommodations in order for his/her educational needs to be met?

If no, please explain: _____

Note: The 504 Committee must determine whether the impairment/disability substantially limits a major life activity of the student (i.e., has an effect on school performance which limits the student to the extent as to require some type of intervention, adaptation or accommodation). Major life activities may include but are not limited to: learning, reading, concentrating, thinking, communicating, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, speaking, breathing, caring for oneself and working. Major bodily functions may include immune system, bladder or bowel function, neurological function, brain function, respiratory function, endocrine function or digestive function.

The Committee has determined that:

The student is eligible under Section 504 and will receive a Section 504 Accommodation Plan.

The student is eligible for Section 504 with a temporary plan (6 months or less).

The student is eligible under Section 504 but will not require a plan because:

the physical/mental impairment is in remission or there is not current need for services.

The student's needs are met as adequately as his nondisabled peers due to the effect of mitigating measures currently in use. The student does not currently require an accommodation plan.

Note: The student will still receive the protections of Section 504, including procedural safeguards, reevaluation no less than annually, and a manifestation determination following disciplinary referrals. Should need for a plan develop, the Section 504 committee shall reconvene to develop an appropriate accommodation plan.

The student is not eligible under Section 504.

The eligibility determination is based on:

- | | |
|--|--|
| <input type="checkbox"/> Medical Information | <input type="checkbox"/> Change in Instructional Level |
| <input type="checkbox"/> Behavioral Checklist(s) | <input type="checkbox"/> Parent Information |
| <input type="checkbox"/> Behavioral Observation(s) | <input type="checkbox"/> Academic Tests (FCAT, etc) |
| <input type="checkbox"/> Behavioral Management Records | <input type="checkbox"/> Current Grades |
| <input type="checkbox"/> Change in Instructional Methods | <input type="checkbox"/> Title 1 Data |
| <input type="checkbox"/> Tests, Records, Reports | <input type="checkbox"/> Other Factors: |

Specify Type & Date: _____

By 504 regulation, the eligibility committee is a group of people with knowledge about the child, the meaning of the evaluation data and accommodations.

Committee Signatures:

| | |
|-------------------------|---------------------------|
| Parent/Guardian _____ | Student _____ |
| Parent/Guardian _____ | Administrator _____ |
| Classroom Teacher _____ | School Counselor _____ |
| Classroom Teacher _____ | School Psychologist _____ |
| School Nurse _____ | Other _____ |