



FORM E **SECTION 504 ELIGIBILITY DETERMINATION AND DECISION**

Student:	DOB:
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Grade:	School:	Date:
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Attendance of Eligibility Team Members: (Team members should individually indicate (✓) whether they are knowledgeable about the child, meaning of evaluation data, and/or accommodations/placement options.)

Name	Title	Sign-In/ Initials	Knowl- edgeable about Student	Meaning of Evaluation Data	Accommo- dation/ Placement Options

Variety of sources of evaluation information: (check (✓) each one used)

<input type="checkbox"/>	Review of existing data Form D	<input type="checkbox"/>	Teacher input/observations
<input type="checkbox"/>	Formal assessment data	<input type="checkbox"/>	Student work samples
<input type="checkbox"/>	Medical report/releases of information	<input type="checkbox"/>	Other (specify):

To be eligible and entitled to a FAPE as a student with a disability under Section 504, the Student must have a physical or mental impairment that substantially limits a major life activity (“MLA”).

1. Specify the identified **mental or physical impairment(s)** for this Student:

- a. _____
- b. _____
- c. _____

The term “**substantially limits**” means that the student is either: a) unable to perform a major life activity that the average person in the general population can perform or b) substantially restricted as to the condition, manner, or duration for which an individual can perform a particular major life activity as compared to the condition, manner, or duration for which the average person in the general population can perform that same major life activity.

Discount from the analysis any sub-par performance due to other factors, such as lack of motivation, or the immediate situation or environment (e.g. a pending divorce or family death).

In addition, the determination of whether an impairment substantially limits a major life activity must be made **without regard to the ameliorative effects of mitigating measures**, including but not limited to medication, hearing aids, prosthetics, assistive technology, previously provided accommodations, learned behavioral adaptations, etc.

2. The team identified the following **mitigating measures** currently in place for Student and will *disregard* the ameliorative effects of these mitigating measures in making the eligibility determination below:

- a. _____
- b. _____
- c. _____

MLA(s) can include, but are not limited to: eating, sleeping, function of bodily systems, organization, concentrating, classwork completion, homework completion, communicating, emotional self-regulation, etc.

Eligibility Determination

Eligibility Question for Team: Does Student’s [*Impairment: e.g. ADHD*] mildly, substantially or extremely limit Student’s ability to [*MLA—e.g. concentrate, complete homework, communicate, etc.*] ,compared to the condition, manner and duration that same age, non-disabled peers can complete this MLA, without regard to Student’s use of mitigating measures?

3. **Impairment A** _____

List Each Major Life Activity Affected Below	Team's Determination of Degree of Limitation (check one)		
	<input type="checkbox"/> Mildly	<input type="checkbox"/> Substantially	<input type="checkbox"/> Extremely
	<input type="checkbox"/> Mildly	<input type="checkbox"/> Substantially	<input type="checkbox"/> Extremely
	<input type="checkbox"/> Mildly	<input type="checkbox"/> Substantially	<input type="checkbox"/> Extremely

In considering the existing data, the 504 Team made the above determination because:

Document Any Disagreements of Any Team Members here:

Impairment B _____

List Each Major Life Activity Affected Below	Team's Determination of Degree of Limitation (check one)
	<input type="checkbox"/> Mildly <input type="checkbox"/> Substantially <input type="checkbox"/> Extremely
	<input type="checkbox"/> Mildly <input type="checkbox"/> Substantially <input type="checkbox"/> Extremely
	<input type="checkbox"/> Mildly <input type="checkbox"/> Substantially <input type="checkbox"/> Extremely

In considering the existing data, the 504 Team made the above determination because:

Document Any Disagreements of Any Team Members here:

Impairment C _____

List Each Major Life Activity Affected Below	Team's Determination of Degree of Limitation (check one)
	<input type="checkbox"/> Mildly <input type="checkbox"/> Substantially <input type="checkbox"/> Extremely
	<input type="checkbox"/> Mildly <input type="checkbox"/> Substantially <input type="checkbox"/> Extremely
	<input type="checkbox"/> Mildly <input type="checkbox"/> Substantially <input type="checkbox"/> Extremely

In considering the existing data, the 504 Team made the above determination because:

Document Any Disagreements of Any Team Members here:

Eligibility Decision

- ☐ **Not Eligible**: The team's determination is that no impairment exists that substantially limits a major life activity for Student. Student is not eligible under Section 504.

OR

- ☐ **Eligible**: The team's determination is that Student has at least one impairment that substantially limits a major life activity and Student is eligible under Section 504. The team should determine and list on the Section 504 Plan the specific supports/accommodations that are necessary for the Student to have an equal opportunity to access the educational environment as that afforded to the student's same age, non-disabled peers.

OR

- ☐ **Technically Eligible**: The team has determined that Student has at least one impairment that substantially limits a major life activity and Student is eligible under Section 504. However, based on Student's current use of mitigating measure(s) that provide sufficient benefit, there is not a current need for supports and/or accommodations outside of those that are available to all general education students. Accordingly, no Section 504 Plan will be provided at this time; however Student remains entitled to Section 504 nondiscrimination protections.

- ☐ Student's need for supports/accommodations shall be reviewed in another Section 504 meeting on or before _____ (and on an annual basis thereafter), or upon Parent/Student request.

- ☐ Parent **Agrees** with Above Eligibility Determination

Parent Signature Consenting to Above Determination

Date

- ☐ Parent **Disagrees** with Above Eligibility Determination

Parent Signature Disagreeing with Above Determination

Date

Rationale for Disagreement: