

# Section 504 Eligibility Determination Form

Use this form for initial eligibility determinations and for re-evaluations

**(Prior to initial evaluation written parent/guardian consent must be obtained. Form 504-1 may be used for this purpose.)**

**Date of Meeting:** \_\_\_\_\_ **School of Attendance:** \_\_\_\_\_

### Student & Parent/Guardian Information:

Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Male/Female (*circle*) Grade: \_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother: \_\_\_\_\_ Father \_\_\_\_\_ Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**List SST/504 Meeting Participants:** Section 504 requires that “a group of persons, including persons knowledgeable about the child, the meaning of evaluation data, and placement options” make eligibility and placement/services decisions for students. List name & role (e.g. parent, teacher, principal...) of participants.

Name & Role	Name & Role
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### Information/Sources Considered in Making the Eligibility Determination:

E.G. medical records, letters from doctors or health care plans; school records; observations of teachers, paraprofessionals, school administration, school counselors, parents/guardians, and where appropriate, from the student. This list is not exhaustive. Other sources may include information gathered from a discussion between the school district’s nurse and the student’s doctor, assessment by district staff or other professional, and more.

### List the Information/Sources Considered:

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

**Section 504 Eligibility Inquiry:** “*Does student have a physical or mental impairment that substantially limits one or more major life activities?*” This breaks down into two questions, below, for the group to answer.

**Mental or Physical Impairment:** (Document discussion here, including reasoning and what sources of information were considered. Attach an extra sheet of paper if needed.)

**Describe the nature of the suspected mental or physical impairment.**

**1. Question One: Does the student have a mental or physical impairment?**

**Team Conclusion:**  Yes  No

**Major Life Activity and Substantial Limitation.** (Document discussion here, including reasoning and what sources of information were considered. Attach an extra sheet of paper if needed.)

**State what major life activity is thought to be substantially limited. (Can be more than one.)**

**Describe how the suspected impairment may substantially limit the above major life activity/-ies.**

**2. Question Two: Does the impairment(s) substantially limit one or more major life activities?**

**Team Conclusion:**  Yes  No

If both 504 questions 1 & 2 above were answered “yes,” then the student is eligible for a Section 504 Plan to provide accommodations and/or services.

The SST/504 Team analysis of the eligibility questions indicates: (CHECK ONE)

       **The student is not eligible for services/accommodations under Section 504,** and will continue to receive general education and any available general education resources and programs.

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

The SST/504 Team should continue on now to develop the 504 Plan appropriate for the student, or schedule a subsequent meeting for this purpose.

The SST/504 Team has determined that the student requires:

- Section 504 Accommodation Plan
- Section 504 Service Plan
- Both

       **(Re-evaluation) The student remains eligible under Section 504 and will receive an updated 504 Plan.**

       **(Re-evaluation) The student is no longer eligible under Section 504 and is exited from the program.** Student will receive general education without Section 504.

### Signatures of Participants

*I agree with the 504 Eligibility Determination as noted above:*

Role / Title	Name	Signature	Date
Parent / Guardian			
Student (if present)			
Administrator			

**Notice of Parent/Guardian & Student Rights** given to: \_\_\_\_\_ on: \_\_\_\_\_ by: \_\_\_\_\_

- Place a copy of this 504 Eligibility Determination in the student’s cum file.
- Send a copy of this 504 Eligibility Determination to:  
*District 504 Coordinator, Student Support Services,  
 1515 Quintara, SF, CA 94116*

### If Parent/ Guardian Disagrees:

- I do not agree with the 504 Eligibility Determination as noted above, and I have received a copy of my Parent/Guardian rights including the right to request a Review Hearing within 30 calendar days.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## SECTION 504 SERVICE PLAN

(Complete only if services are required)

Type	Frequency	Duration Min / Period	Begin Mo / Yr	End Mo / Yr
<b>Regular Education Services</b>				
<b>Health Services</b>				
<b>Transportation</b>				
<b>Other</b>				

<i>504 Services Plan Start Date:</i> _____	<i>504 Services Plan One-Year Review Date:</i> _____
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### Signatures of Participants

*I agree with the services as noted above in this 504 Plan:*

Role / Title	Name	Signature	Date
Parent / Guardian			
Student (if present)			
Administrator			

**Notice of Parent/Guardian & Student Rights** given to: \_\_\_\_\_ on: \_\_\_\_\_ by: \_\_\_\_\_

1. Place a copy of this 504 plan in the student's cum file.
2. Send a copy of this 504 plan to: *District 504 Coordinator, Student Support Services, 1515 Quintara, SF, CA 94116*

### **If Parent/ Guardian Disagrees:**

- I do not agree with services as noted above, and I have received a copy of my Parent/Guardian rights including the right to request a Review Hearing within 30 calendar days.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# SECTION 504 ACCOMMODATION PLAN

(Complete only if accommodations are required)

In accordance with Section 504 guidelines, the school staff will make reasonable accommodations and address the student's individual needs by:

<b>Lesson Presentation:</b> <input type="checkbox"/> pairing students to check work <input type="checkbox"/> writing key points on the board <input type="checkbox"/> providing peer tutoring <input type="checkbox"/> providing visual aides <input type="checkbox"/> providing peer note taker <input type="checkbox"/> making sure directions are understood <input type="checkbox"/> breaking longer presentations into shorter segments	<input type="checkbox"/> having child review key point orally <input type="checkbox"/> teaching through multi-sensory modes <input type="checkbox"/> using computer-assisted instruction <input type="checkbox"/> providing written outline <input type="checkbox"/> allowing student to tape record lessons <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Assignments/Worksheets:</b> <input type="checkbox"/> giving extra time to complete tasks <input type="checkbox"/> simplifying complex directions <input type="checkbox"/> handing worksheets out one at a time <input type="checkbox"/> reducing the reading level of the assignments <input type="checkbox"/> requiring fewer correct responses to achieve grade <input type="checkbox"/> allowing student to tape record assignments/homework <input type="checkbox"/> allowing typewritten or computer printed assignments	<input type="checkbox"/> reducing homework assignments <input type="checkbox"/> not grading handwriting <input type="checkbox"/> giving frequent short quizzes and avoiding long tests <input type="checkbox"/> shortening assignments: breaking work into smaller segments <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Test Taking:</b> <input type="checkbox"/> allowing open book tests <input type="checkbox"/> giving test orally <input type="checkbox"/> giving take home tests <input type="checkbox"/> allowing student to give test answers on tape <input type="checkbox"/> administering test in separate area	<input type="checkbox"/> allowing extra time for test <input type="checkbox"/> read test item to student <input type="checkbox"/> using more objective items (fewer essay response) <input type="checkbox"/> given frequent short quizzes, not long tests <input type="checkbox"/> <input type="checkbox"/>
<b>Behavior:</b> <input type="checkbox"/> praising specific behaviors <input type="checkbox"/> using self-monitoring strategies <input type="checkbox"/> giving extra privileges and rewards <input type="checkbox"/> keeping classroom rules simple and clear <input type="checkbox"/> cueing student to stay on task (nonverbal signals) <input type="checkbox"/> marking student's correct answers, not his/her mistakes <input type="checkbox"/> implementing a classroom behavior management system	<input type="checkbox"/> allowing student time out of seat to run errands, etc. <input type="checkbox"/> ignoring inappropriate behaviors not drastically outside of classroom limits <input type="checkbox"/> allowing legitimate movement <input type="checkbox"/> contracting with the student <input type="checkbox"/> increasing the immediacy of rewards <input type="checkbox"/> making "prudent use" of negative consequences <input type="checkbox"/>

<b>Special Considerations:</b>	
<input type="checkbox"/> suggesting parenting program(s)	<input type="checkbox"/> developing intervention strategies for transitional periods
<input type="checkbox"/> monitoring student closely on field trip(s)	<input type="checkbox"/> alerting bus driver
<input type="checkbox"/> in-servicing teacher(s) on child's disability	<input type="checkbox"/> suggesting community involvement
<input type="checkbox"/> providing social skills group experiences as available	<input type="checkbox"/>
<b>Physical Arrangement of Room:</b>	<b>Other:</b>
<input type="checkbox"/> seating student near teacher	<input type="checkbox"/>
<input type="checkbox"/> seating student near a positive role model	<input type="checkbox"/>
<input type="checkbox"/> standing near the student when giving directions or presenting lessons	<input type="checkbox"/>
<input type="checkbox"/> increasing the distance between the desks	<input type="checkbox"/>

**504 Accommodation Plan Start Date:** \_\_\_\_\_ **504 Accommodation Plan One-Year Review Date:** \_\_\_\_\_

**Signatures of Participants**

*I agree with the accommodations as noted above in this 504 Plan:*

Role / Title	Name	Signature	Date
Parent / Guardian			
Student (if present)			
Administrator			

**Notice of Parent/Guardian & Student Rights** given to: \_\_\_\_\_ on: \_\_\_\_\_ by: \_\_\_\_\_

- Place a copy of this 504 plan in the student's cum file.
- Send a copy of this 504 plan to: *District 504 Coordinator, Student Support Services, 1515 Quintara, SF, CA 94116*

**If Parent /Guardian Disagrees:**

- I do not agree with accommodations as noted above, and I have received a copy of my Parent/Guardian rights including the right to request a Review Hearing within 30 calendar days.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_