



Section 504
Student Eligibility Determination Worksheet

Name: _____ DOB: _____ Age: _____

Male: _____ Female: _____

Date of Meeting: _____ Current School: _____ Grade: _____

Case Manager: _____

Parent/Guardian: _____

Address: _____

Home phone: _____

Work phone: _____

Parent/Guardian: _____

Address: _____

Home phone: _____

Work phone: _____

Reason for Meeting: Initial ____ Review ____ Revise Plan ____

Describe the nature of the concern:

Describe any evaluation procedure, tests, recommendations or documentation used as a basis for the decision:

Cognitive:(dated)_____

Social/Emot./Beh:(dated)_____

Classroom Observation:(dated)_____

Developmental:(dated)_____

Health/Med:(dated)_____

Adaptive:(dated) _____

Communication:(dated)_____

Motor:(dated)_____

Achievement:(dated)_____

Other:(dated)_____

If further medical information is needed in order to determine eligibility, please specify steps to be taken to verify and/or obtain additional information:

_____ Consent to communicate with student's physician/medical provider requested

_____ Request for Parent(s)/Guardian(s) to provide additional medical or other information
(specify)

_____ Consultation with school district's medical advisor and/or school nurse requested

_____ Other (please describe): _____

Specify the mental or physical impairment(s):

(as recognized in DSM-5 or other respected source if not excluded under 504/ADA, e.g., current illegal drug use)

Indicate the Major Life Activity or Activities Substantially Affected by the Disability:

_____ **Does Require a 504 Plan**

_____ **Does NOT Require a 504 Plan**