



Section 504 Notice of Eligibility

Name _____ Student ID# _____ DOB ____/____/____

School _____ Grade _____ Date _____

Evaluation Information (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Psychological evaluation | <input type="checkbox"/> Physician's report | <input type="checkbox"/> Report card |
| <input type="checkbox"/> Gen education plan | <input type="checkbox"/> Home and health history | <input type="checkbox"/> Curriculum assessments |
| <input type="checkbox"/> Parental information | <input type="checkbox"/> Scholastic record | <input type="checkbox"/> Work samples |
| <input type="checkbox"/> State test results | <input type="checkbox"/> Teacher | <input type="checkbox"/> Disciplinary history |
| <input type="checkbox"/> Observation data | <input type="checkbox"/> Benchmark assessment | <input type="checkbox"/> Mitigating measures |
| <input type="checkbox"/> Other _____ | | |

(Checked items are maintained in the student's Section 504 folder.)

Eligibility

1. Does the student have a mental or physical impairment? (Check yes or no) _____ No (If no, go to eligibility determination section) _____ Yes (If yes, identify the impairment and supporting data)

2. Does cultural, environmental or economics account for limitation in a major life activity? _____ No (If no, go to the next section) _____ Yes (If yes, describe why CEE limits a MLA/MBF and go to Eligibility Determination Section)

3. Describe the impairment:

- A. Is the impairment temporary? (Actual or expected duration of 6 months or less) _____ No _____ Yes (If yes, consider developing an individual healthcare or emergency medical plan.)

- B. Is the impairment episodic, intermittent or in remission? _____ No, continue to next section. _____ Yes
If yes, describe frequency, intensity or expected duration when active and continue with eligibility determination.

4. Does the impairment substantially impede a MLA/MBF? _____ No (If no, go to eligibility determination section) _____ Yes (In what ways does the impairment limits a major life activity?)

A. Describe how and the degree to which the impairment limits MLA/MBF:

B. _____ Negligible _____ Mild _____ Substantial _____ Severe
 (Taking into account the evaluation information, check the best descriptor of the MLA/MBF limitation.)

Eligibility Determination

Based on analysis of the evaluation data, does the student have a disability that substantially limits a major life activity?

_____ No, the student is not eligible.

_____ Yes, the student is Section 504 eligible but does not require an EEOP because: 1) of the corrective effects of mitigating measures; or 2) the impairment is episodic or in remission. The EEOP team will be re-convened at least annually or more frequently if requested by school personnel or parents.

_____ Yes, the student is Section 504 eligible and requires an EEOP.

Team Signatures/Title	Date	Area(s) of Expertise
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

Parental Notice

I have received a copy of this Notice of Eligibility and have received a copy of the Notice of Parent Rights.

 Parent Signature

____/____/____
 Date