

ELIGIBILITY DETERMINATION FORM FOR SECTION 504

I. General Information

Student Name: _____ Today's Date _____

Address (Street, City, State, Zip Code): _____

School: _____ Home Phone: _____ Work Phone: _____

II. Reason for Meeting

- Initial Evaluation
- Periodic re-evaluation
- Re-evaluation before significant change in placement

III. Eligibility Criteria and Determination

Yes No 1. Student has a mental or physical impairment

Yes No 2. Student's impairment substantially limits a major activity. Area(s) where substantial limitation exists: (see Major Life Activity Form)

Yes No 3. Student meets eligibility criteria for 504 determination.

IV. Committee Members

V. Record of Action

Date	Action
_____/_____/_____	Parents/Guardians provided written notice of rights
_____/_____/_____	Notice of 504 evaluation and committee meeting