

Section 504 Qualification

Student _____ ID Number _____ Date _____

School _____ Date of Birth _____ Grade _____

Knowledgeable Committee Members:

Date _____

Name _____	Signature _____	Title _____
Name _____	Signature _____	Title _____
Name _____	Signature _____	Title _____
Name _____	Signature _____	Title _____
Name _____	Signature _____	Title _____
Name _____	Signature _____	Title _____
Name _____	Signature _____	Title _____

DATA REVIEW/EVALUATION

1. Presenting Problem This student is being considered for qualification as a student with a disability under Section 504 of the Rehabilitation Act of 1973, as amended, due to the following concerns:

2. Data Review The following sources of evaluation and current information have been provided and considered:

- Reports provided by parent Grades/Progress Reports Standardized Tests
 Observations Teacher Narrative(s) Other _____

3. Evaluation

The knowledgeable committee considered the need for new or additional information in order to determine 504 qualification, and based on its review determined the following (check one):

- There is sufficient data** to determine whether this student qualifies as an individual with a disability under Section 504. Therefore, no additional information or evaluation is required at this time.
OR
 There is insufficient data to determine whether this student qualifies as an individual with a disability under Section 504.

The knowledgeable committee recommends the following assessments:

4. Parental Consent

*** Parent consent is required for an initial evaluation and/or for the administration of formal assessments . ***

I AGREE with the determination of the knowledgeable committee. If formal assessments are recommended, I give my consent to the following recommended assessments _____

I have received a copy of the Section 504 of the Rehabilitation Act of 1973 Procedural Safeguards.

Parent Signature

Date

I DO NOT AGREE with the determination of the knowledgeable committee. I have received a copy of the Section 504 of the Rehabilitation Act of 1973 Procedural Safeguards.

Parent Signature

Date

*** Parent consent is NOT required for reevaluations in which existing data is being used to consider 504 qualification. ***

Section 504 Qualification Continued

Student _____ ID Number _____ Date _____

DEFINITION OF DISABILITY UNDER SECTION 504 OF THE REHABILITATION ACT, AS AMENDED:

A student is considered to have a disability under Section 504, and has a corresponding right to a free appropriate public education (FAPE), when the student has a physical or mental impairment that impacts and substantially limits a major life activity.

The determination of whether a student’s impairment substantially limits a major life activity should be done without extensive analysis, without regard for mitigating measures, and with regard to how the student’s impairment manifests when it is active. Consideration as to whether an individual student’s impairment limits a major life activity to a substantial degree should be done using a broad, inclusive approach, and if there are accommodations or other measures in place such as medication, therapy, medical devices, etc., the limitation of the impairment on the major life activity should be considered as if the mitigating measures were absent and the impairment is in its active phase.

The committee must answer YES to BOTH of the following criteria for the student to qualify under Section 504.

5. Yes No The student has a physical and/or mental impairment.
If so, describe the impairment(s):

6. Yes No The student’s impairment limits one or more major life activities.

If so, check each of the major life activities limited by the impairment:

- | | | | | |
|----------------------------------------|----------------------------------|---------------------------------------------|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Learning | <input type="checkbox"/> Hearing | <input type="checkbox"/> Breathing | <input type="checkbox"/> Walking | <input type="checkbox"/> Seeing |
| <input type="checkbox"/> Working | <input type="checkbox"/> Eating | <input type="checkbox"/> Concentrating | <input type="checkbox"/> Thinking | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Communicating | <input type="checkbox"/> Bending | <input type="checkbox"/> Caring for oneself | <input type="checkbox"/> Other _____ | |

Operation of a major bodily function, including, but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

Describe the limitation (if any) caused by the impairment on each identified major life activity:

On _____, based upon all the information considered, the committee determined:
(date)

The student has a physical or mental impairment which substantially limits a major life activity and qualifies as a student with a disability under Section 504. A knowledgeable committee will convene to consider the development of a 504 plan.

OR

The student does not qualify as an individual with a disability under Section 504.

Committee participants:

Knowledgeable Committee Members:		Date _____
Name _____	Signature _____	Title _____
Name _____	Signature _____	Title _____
Name _____	Signature _____	Title _____
Name _____	Signature _____	Title _____
Name _____	Signature _____	Title _____
Name _____	Signature _____	Title _____