

Student Name:		School:	
DOB:	Grade:	Referred By:	Teacher:
Parent/Guardian:			Phone:

**IDENTIFICATION**

Based on the evaluation data gathered from a variety of sources, the school 504 team answered the following questions to determine Section 504 identification.

1.  Yes  No

Does the student have a physical or mental impairment? If so, check the impairment below. The Section 504 regulations define a “physical or mental impairment” as any mental or physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems:

NOTE: This is an educational determination only, and not a medical diagnosis for the purpose of treatment.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> neurological         | <input type="checkbox"/> cardiovascular      | Any mental or psychological disorder such as: |
| <input type="checkbox"/> musculoskeletal      | <input type="checkbox"/> reproductive        |   |
| <input type="checkbox"/> special sense organs | <input type="checkbox"/> digestive           |   |
| <input type="checkbox"/> respiratory          | <input type="checkbox"/> genito-urinary      |   |
| <input type="checkbox"/> speech organs        | <input type="checkbox"/> hemic and lymphatic |   |
| <input type="checkbox"/> skin or endocrine    | <input type="checkbox"/> other: _____        |   |
|   |  |   |

Describe physical or mental impairment: \_\_\_\_\_

2.  Yes  No

Does the physical or mental impairment affect one or more of the major life activities? If so, which major life activity or activities are affected? To fall within the protection of Section 504, a student’s physical or mental impairment must have a **substantial limitation** (permanent or temporary) on one or more major life activities:

- |  |   |                                    |                                       |
|--|---|------------------------------------|---------------------------------------|
| <input type="checkbox"/> learning      | <input type="checkbox"/> performing manual tasks        | <input type="checkbox"/> walking   | <input type="checkbox"/> hearing      |
| <input type="checkbox"/> reading       | <input type="checkbox"/> caring for oneself             | <input type="checkbox"/> breathing | <input type="checkbox"/> speaking     |
| <input type="checkbox"/> working       | <input type="checkbox"/> lifting                        | <input type="checkbox"/> bending   | <input type="checkbox"/> seeing       |
| <input type="checkbox"/> concentrating | <input type="checkbox"/> operation of a bodily function | <input type="checkbox"/> eating    | <input type="checkbox"/> sleeping     |
| <input type="checkbox"/> communicating | <input type="checkbox"/> behavior                       | <input type="checkbox"/> standing  | <input type="checkbox"/> other: _____ |

3.  Yes  No

Does the physical or mental impairment **SUBSTANTIALLY** limit a major life activity? That is, as a result of the physical or mental impairment, is the student significantly restricted as to the condition, manner or duration under which the student can perform a particular major life activity as compared to the condition, or manner or duration under which the student of the same age/grade level in the general population can perform that same major life activity? Use the question below only to support the school 504 team’s determination of a substantial limitation.

What data has the team considered to establish that the student has a physical or impairment? \* Be specific, and list all sources of data:

NOTE: if there is no data, or insufficient data, to support the existence of a physical or mental impairment, the school cannot identify the student as an individual with disability under Section 504/ADA.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Grades                     | <input type="checkbox"/> parent report          | <input type="checkbox"/> School Health Info.             |
| <input type="checkbox"/> School records             | <input type="checkbox"/> Medical                | <input type="checkbox"/> Classroom Teacher(s) Report (s) |
| <input type="checkbox"/> Work samples               | <input type="checkbox"/> IEP (date)             | <input type="checkbox"/> Individual Achievement Tests    |
| <input type="checkbox"/> Disciplinary records/ ref. | <input type="checkbox"/> Psycho-ed. Eval (date) | <input type="checkbox"/> Other Tests (identify)          |
| <input type="checkbox"/> Attendance tardies         | <input type="checkbox"/> Administrator Input    | <input type="checkbox"/> other: _____                    |

Based on the data considered, how long is the impairment expected to affect the student? \_\_\_\_\_

Should all three questions above be answered “Yes,” the student is eligible for Section 504, and the Section 504 Student Accommodation Plan should be developed. If any answer is “No,” the student is not eligible.

4.  Other : The school 504 Team has NOT identified this student as eligible for a Section 504 Plan, but recognizes this student may be struggling and suggests the following:

**The Section 504 Team's analysis of the eligibility criteria as applied to the evaluation data indicates that:**

- The student *is eligible under Section 504* and will receive an Accommodation Plan, which governs the provision of 504 services to the student.
- The student *is not eligible for services* under Section 504 and will continue to receive general education and any available general education resources and programs.
- The student *remains eligible under Section 504* and will receive an updated Accommodation Plan, which governs the provision of 504 services to the student. (Annual and 3-year evaluations only)
- The student *is no longer eligible for Section 504* and is exited from the program. The student will now receive general education without Section 504 services.
- Other:

**TEAM OF EVALUATORS:**

Name	Title	Agree	Disagree
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>



\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

    

**Copies:**

- Send This Original Section 504 Identification Form To District Office, Student Services
- File Copy In Student Cumulative File
- Copy this Section 504 Identification form for Parent

**NOTE: Impairment/ Disability:**

The differences lies in the effect the impairment has on the person. If the impairment causes a “substantial limitation; of a “major life activity” then the person has a “disability”. If the impairment does not “substantially limit” the person, then it is an impairment, not a disability.