

ACCOMMODATION OF STUDENTS WITH DISABILITIES
(504 Eligibility Determination)

Student's Name: _____ Date of Birth: _____
School: _____ Grade: _____ Date of Meeting: _____

Evaluation Sources Considered
(Attach copies or summaries of sources in written form.)

District Information

_____ Health	_____ Parent and/or Student Concerns
_____ Hearing	_____ District Multidisciplinary Evaluation
_____ Vision	_____ District Performance Reports
_____ Motor Skills	_____ Attendance Reports
_____ Cognitive/Adaptive	_____ Discipline Reports
_____ Speech/Language	_____ Professional Observations
_____ Social/Emotional	_____ Alternative Intervention Results
_____ Academic/Grades	_____ Other: _____

Outside Information

_____ Medical Reports
_____ Psychological Reports
_____ Other: _____

Findings

1. Based on the information reviewed, does the student have a mental or physical impairment as defined by law?
___ No
___ Yes (specify): _____
2. Based on the information reviewed, which of the following major life activities, if any, is affected?
___ No major life activities are affected.
___ The following major life activities are affected:
 ___ Seeing ___ Walking ___ Working
 ___ Hearing ___ Speaking ___ Caring for Self
 ___ Learning ___ Breathing ___ Performing Manual Tasks
 ___ Sleeping ___ Standing ___ Lifting
 ___ Bending ___ Reading ___ Concentrating

Thinking Communicating

Operation of a major bodily function (for example: function of the immune, respiratory, digestive, circulatory, reproductive or endocrine systems; cell growth; bowel or bladder function; neurological or brain function)

Explain: _____

3. Does the student need accommodations above and beyond what is provided to any students to receive an equal opportunity to participate in district programs and activities?

Yes (explain): _____

No (explain): _____

4. Based on the answers recorded above, does the student meet the eligibility criteria under Section 504 of the Rehabilitation Act of 1973?

Yes
 No

504 Team Members
(Use as many lines as needed.)

1. Print Name: _____ / _____ / _____
Print Title/Relationship: _____
Knowledgeable About: Child Evaluation Data Accommodations/Placement
I agree/disagree (circle one) with the conclusions of this determination.
Signature: _____

2. Print Name: _____ / _____ / _____
Print Title/Relationship: _____
Knowledgeable About: Child Evaluation Data Accommodations/Placement
I agree/disagree (circle one) with the conclusions of this determination.

Signature: _____

3. Print Name: _____ / _____ / _____
Print Title/Relationship: _____
Knowledgeable About: ___ Child ___ Evaluation Data ___ Accommodations/Placement
I agree/disagree (circle one) with the conclusions of this determination.

Signature: _____

4. Print Name: _____ / _____ / _____
Print Title/Relationship: _____
Knowledgeable About: ___ Child ___ Evaluation Data ___ Accommodations/Placement
I agree/disagree (circle one) with the conclusions of this determination.

Signature: _____

5. Print Name: _____ / _____ / _____
Print Title/Relationship: _____
Knowledgeable About: ___ Child ___ Evaluation Data ___ Accommodations/Placement
I agree/disagree (circle one) with the conclusions of this determination.

Signature: _____

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Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: October 17, 2018

Revised:

Boonville RI School District