

THOMASTON PUBLIC SCHOOLS  
SECTION 504  
Student Eligibility Determination

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
 Male  Female  
Date of Meeting: \_\_\_\_\_ Current School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**A. Team Members Present:**

Administrator/Designee: \_\_\_\_\_ Nurse: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Student: \_\_\_\_\_  
Teacher(s): \_\_\_\_\_ Teacher(s): \_\_\_\_\_  
Teacher(s): \_\_\_\_\_ Teacher(s): \_\_\_\_\_  
Teacher(s): \_\_\_\_\_ Teacher(s): \_\_\_\_\_  
Guidance: \_\_\_\_\_ Related Services: \_\_\_\_\_  
Other: \_\_\_\_\_

**B. Review of student's current academic status and educational performance.** Include and attached referral information if this is an initial referral. *(Describe nature of concern)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Eligibility Determination:**

*Eligible individuals under Section 504 have a physical/mental impairment that substantially limits a major life activity, such as walking, seeing, hearing, breathing, learning, standing, lifting, bending, speaking, communicating, sleeping, hearing and caring for oneself.*

**1. What sources of information are available to make this determination?** *(Check all that apply (include relevant dates and names of evaluators, where appropriate.)*

- School records review (dated) \_\_\_\_\_
- Observations of student (dated) \_\_\_\_\_
- Grades and report card review (dated) \_\_\_\_\_
- Teacher reports (dated) \_\_\_\_\_
- Parent and/or student report (dated) \_\_\_\_\_
- Informal assessments (dated) \_\_\_\_\_
- Medical information (dated) \_\_\_\_\_
- Nursing assessment (dated) \_\_\_\_\_
- Standardized testing (dated) \_\_\_\_\_
- Parent/Student interviews (dated) \_\_\_\_\_
- Checklists, behavior rating scales (dated) \_\_\_\_\_
- Other: \_\_\_\_\_



2. **Is information available sufficient to make the determination of the presence of a physical or mental impairment that substantially limits a major life activity?**

Yes If "YES" continue to number 3 below.

No If "No" specify the type of additional information that is needed: \_\_\_\_\_

*If the information to be obtained includes testing, list/describe the recommended tests and/or assessments. If it is necessary to communicate with outside providers obtain a release to communicate with professionals outside of district. Once needed information is gathered, reconvene a 504 meeting and continue the process of determining eligibility.*

3. **Does the student have a physical or mental impairment?**

*A "physical" or "mental impairment" mean a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory, including speech organs, cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine or b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.*  No  Yes

If "No": If no physical or mental impairment exists, the student is not identified as an individual with a disability. Go to "E".

If "Yes": What is the impairment? \_\_\_\_\_

*Attach all supporting documentation to this form. A statement of "YES" without supporting documentation is insufficient to meet this standard.*

4. **Does the Identified Impairment Substantially Limit a Major Life Activity?**

No  Yes

*In order to meet this standard, the student **must be unable to perform a major life activity** that the average person of the same age in the general population can perform (compared to national norms, not local norms). **OR**, the student **must be significantly restricted** as to the condition, manner, or duration under which the major life activity is performed by the average person of the same age in the general population (compared to national norms, not local norms).*

D. **Based on the answers to 1-4 above, does the student have a disability under Section 504?**  No  Yes

E. **Does student require Section 504 Accommodation Plan to provide the student with equal access and/or participation in district programs (e.g., curriculum, facilities, etc.?)**  No  Yes

*If "Yes", the team must develop a Section 504 Accommodation Plan.*

F. **Other relevant information discussed at meeting:** \_\_\_\_\_

G. **Summary of Actions Taken**

Parent/Guardian (or Student if 18 or older) was provided written notice of Section 504 rights.

Insufficient information is available to determine Student's eligibility. More evaluative information will be obtained prior to convening another Section 504 Team Meeting.

Student is identified as a person with a disability under Section 504.

A Section 504 Accommodation Plan was developed.

Student identified as a person with a disability under Section 504, but no accommodations required at this time.

Student is NOT identified as a person with a disability under Section 504.

Recorder \_\_\_\_\_

Title \_\_\_\_\_