

Wells-Ogunquit Community School District
Section 504 Eligibility Determination Form

Student's Name: Birth date: Grade:
Parent(s)/Guardian(s): School:
School Contact Person: Position: Date:

A. The purpose of the meeting:

- Determine initial eligibility under Section 504 and consider need for accommodations/related aids or services.
Review eligibility under Section 504.
Review eligibility and accommodations/related aids or services before significant change in placement. [Complete sections A, B, D, F and G only.]

B. 504 Team members Present

(fill in names and check whether knowledgeable about the...)

Table with 4 columns: child, meaning of evaluation data, accommodations/ placement options. Includes blank lines for team member names.

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

Blank lines for describing the nature of concern and providing referral information.

D. Eligibility Determination:

Individuals considered eligible for protection from discrimination under Section 504 are those who have a physical or mental impairment which substantially limits a major life activity. To make the determination of "disability" under Section 504, both conditions must be present.

1. What source of information is 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 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, obtain parent consent on *Consent for Section 504 Testing*. 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" means 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 **Section G** on page 5 of this form.

If "**YES**": What is the impairment? (as recognized in DSM-IV or other respected source, if not excluded under Section 504/ADA, e.g., illegal drug use). _____

- Attach all supporting documentation to this form. A statement of "YES" without supporting documentation is insufficient to meet this standard.
- If the team determines that the student is identified as having a physical or mental impairment, continue to the next section to determine whether there is a substantial limitation of a major life activity.

4. **Does the identified impairment substantially limit a major life activity?**

In order to meet this standard, the student **must be substantially limited in performing a major life activity when compared to most people in the general population. unable to perform a major life activity** that the average person in the general population can perform (compared to national norms, not local norms). When making this determination, the team may consider the condition, manner, or duration under which the major life activity is performed by this student in comparison to most people in the general population (compared to national norms, not local norms).

Use the chart below to determine the presence of a substantial limitation. First, identify the major life activity affected. Second, determine whether the student is unable to perform the major life activity OR whether there is a restriction of condition, manner or duration. Finally, if there is a restriction, determine the severity of the restriction.

➤ Check the major life activity(ies) that is affected by the impairment(s):

- | | | | |
|--|-----------------------------------|---|------------------------------------|
| <input type="checkbox"/> seeing | <input type="checkbox"/> hearing | <input type="checkbox"/> caring for oneself | <input type="checkbox"/> breathing |
| <input type="checkbox"/> walking | <input type="checkbox"/> learning | <input type="checkbox"/> performing manual tasks | <input type="checkbox"/> working |
| <input type="checkbox"/> eating | <input type="checkbox"/> sleeping | <input type="checkbox"/> standing | <input type="checkbox"/> lifting |
| <input type="checkbox"/> bending | <input type="checkbox"/> reading | <input type="checkbox"/> concentrating | <input type="checkbox"/> thinking |
| <input type="checkbox"/> communicating | <input type="checkbox"/> speaking | <input type="checkbox"/> the operation of a major bodily function | |
| <input type="checkbox"/> sitting | <input type="checkbox"/> reaching | <input type="checkbox"/> interacting with others | |

➤ Rate the severity and impact of the impairment(s) only on those major life activities you have checked above:

NOTE: Severity ratings of 3 and above are considered to be reflective of "substantial" limitation. Consider the condition, manner, or, duration or expected duration of the impairment. The ameliorative effects of mitigating measures, such as the use of medications, personal devices such as hearing aids, learned behavioral or adaptive neurological modifications or

reasonable accommodations may not be considered at this stage of the analysis, other than the use of eyeglasses or contact lenses. Conditions that are in remission or episodic in nature qualify as disabilities if substantially limiting in their active state.

Place an "X" on the following scale to indicate the specific degree that the impairment(s) (in #3) limits each of the major life activities checked above:

<u>Major Life Activity</u>	<u>Ability to Perform a Major Life Activity</u> <i>Mark "No" if the student is <u>unable</u> to perform this major life activity. No further rating required.</i>	OR	<u>Restriction of Condition, Manner, or Duration of Performing a Major Life Activity</u> <i>To what degree is the student restricted as to the condition, manner, or duration under which the major life activity is performed compared to most people in the general population.</i>	Based on the review: Is there at least a Substantial Limitation?
Caring for oneself	<input type="checkbox"/> No <input type="checkbox"/> Yes	OR	Mild Moderate Substantial Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4	<input type="checkbox"/> No <input type="checkbox"/> Yes
Performing Manual Tasks	<input type="checkbox"/> No <input type="checkbox"/> Yes	OR	Mild Moderate Substantial Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4	<input type="checkbox"/> No <input type="checkbox"/> Yes
Seeing	<input type="checkbox"/> No <input type="checkbox"/> Yes	OR	Mild Moderate Substantial Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4	<input type="checkbox"/> No <input type="checkbox"/> Yes
Hearing	<input type="checkbox"/> No <input type="checkbox"/> Yes	OR	Mild Moderate Substantial Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4	<input type="checkbox"/> No <input type="checkbox"/> Yes
Eating	<input type="checkbox"/> No <input type="checkbox"/> Yes	OR	Mild Moderate Substantial Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4	<input type="checkbox"/> No <input type="checkbox"/> Yes
Sleeping	<input type="checkbox"/> No <input type="checkbox"/> Yes	OR	Mild Moderate Substantial Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4	<input type="checkbox"/> No <input type="checkbox"/> Yes
Walking	<input type="checkbox"/> No <input type="checkbox"/> Yes	OR	Mild Moderate Substantial Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4	<input type="checkbox"/> No <input type="checkbox"/> Yes
Standing	<input type="checkbox"/> No <input type="checkbox"/> Yes	OR	Mild Moderate Substantial Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4	<input type="checkbox"/> No <input type="checkbox"/> Yes
Lifting	<input type="checkbox"/> No <input type="checkbox"/> Yes	OR	Mild Moderate Substantial Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4	<input type="checkbox"/> No <input type="checkbox"/> Yes
Bending	<input type="checkbox"/> No <input type="checkbox"/> Yes	OR	Mild Moderate Substantial Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4	<input type="checkbox"/> No <input type="checkbox"/> Yes
Speaking	<input type="checkbox"/> No <input type="checkbox"/> Yes	OR	Mild Moderate Substantial Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4	<input type="checkbox"/> No <input type="checkbox"/> Yes
Breathing	<input type="checkbox"/> No <input type="checkbox"/> Yes	OR	Mild Moderate Substantial Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4	<input type="checkbox"/> No <input type="checkbox"/> Yes

Learning	<input type="checkbox"/> No <input type="checkbox"/> Yes	OR	Mild <input type="checkbox"/> 1	Moderate <input type="checkbox"/> 2	Substantial <input type="checkbox"/> 3	Severe <input type="checkbox"/> 4	<input type="checkbox"/> No <input type="checkbox"/> Yes
Reading	<input type="checkbox"/> No <input type="checkbox"/> Yes	OR	Mild <input type="checkbox"/> 1	Moderate <input type="checkbox"/> 2	Substantial <input type="checkbox"/> 3	Severe <input type="checkbox"/> 4	<input type="checkbox"/> No <input type="checkbox"/> Yes
Concentrating	<input type="checkbox"/> No <input type="checkbox"/> Yes	OR	Mild <input type="checkbox"/> 1	Moderate <input type="checkbox"/> 2	Substantial <input type="checkbox"/> 3	Severe <input type="checkbox"/> 4	<input type="checkbox"/> No <input type="checkbox"/> Yes
Thinking	<input type="checkbox"/> No <input type="checkbox"/> Yes	OR	Mild <input type="checkbox"/> 1	Moderate <input type="checkbox"/> 2	Substantial <input type="checkbox"/> 3	Severe <input type="checkbox"/> 4	<input type="checkbox"/> No <input type="checkbox"/> Yes
Communicating	<input type="checkbox"/> No <input type="checkbox"/> Yes	OR	Mild <input type="checkbox"/> 1	Moderate <input type="checkbox"/> 2	Substantial <input type="checkbox"/> 3	Severe <input type="checkbox"/> 4	<input type="checkbox"/> No <input type="checkbox"/> Yes
Working	<input type="checkbox"/> No <input type="checkbox"/> Yes	OR	Mild <input type="checkbox"/> 1	Moderate <input type="checkbox"/> 2	Substantial <input type="checkbox"/> 3	Severe <input type="checkbox"/> 4	<input type="checkbox"/> No <input type="checkbox"/> Yes
Operation of a major bodily function	<input type="checkbox"/> No <input type="checkbox"/> Yes	OR	Mild <input type="checkbox"/> 1	Moderate <input type="checkbox"/> 2	Substantial <input type="checkbox"/> 3	Severe <input type="checkbox"/> 4	<input type="checkbox"/> No <input type="checkbox"/> Yes
Sitting	<input type="checkbox"/> No <input type="checkbox"/> Yes	OR	Mild <input type="checkbox"/> 1	Moderate <input type="checkbox"/> 2	Substantial <input type="checkbox"/> 3	Severe <input type="checkbox"/> 4	<input type="checkbox"/> No <input type="checkbox"/> Yes
Reaching	<input type="checkbox"/> No <input type="checkbox"/> Yes	OR	Mild <input type="checkbox"/> 1	Moderate <input type="checkbox"/> 2	Substantial <input type="checkbox"/> 3	Severe <input type="checkbox"/> 4	<input type="checkbox"/> No <input type="checkbox"/> Yes
Interacting with others	<input type="checkbox"/> No <input type="checkbox"/> Yes	OR	Mild <input type="checkbox"/> 1	Moderate <input type="checkbox"/> 2	Substantial <input type="checkbox"/> 3	Severe <input type="checkbox"/> 4	<input type="checkbox"/> No <input type="checkbox"/> Yes

- The team's determination was less than "3." The student is not eligible for Section 504 protections. Provide notice to parents of their procedural rights.

OR

- The team's determination was a "3" or above. The student has a physical or mental impairment that substantially limits a major life activity, and is eligible as a person with a disability. The team should next determine what, if any, specific accommodations and/or related aids or services are necessary for the student to have an opportunity commensurate with non-disabled students in the district. Some students, although disabled, may require no accommodations and/or related aids or services.

If the student is not eligible as a person with a disability, skip to **Section G**. If the student is eligible as a person with a disability, continue to **Section E**.

E. The Section 504 Accommodation Plan.

Does the student require accommodations and/or related aids or services in order to provide the student access to educational programs (e.g. curriculum, facilities, etc.). Please note that mitigating measures (such as the effect of medication, use of hearing aids and other personal devices), should be considered here when considering whether a condition *requires* accommodation in order for the student to access his/her education?

- No yes

If "Yes," the Team must list the accommodations and related aids or services in a Section 504 Accommodation plan.

If "No," the Team should indicate on the Section 504 Accommodation plan that none are needed at this time.

F. Is this an evaluation before a significant change in placement?

- No Yes

If "No", skip to **Section G**.

1. What is the anticipated significant change of placement?

- Graduation Change in program due to disciplinary action Other (specify) _____

2. Review the student's current progress, credit status, needs & 504 accommodation plan. _____

3. Consider: does the plan continue to be necessary for the student?

- No Yes

4. If "Yes," is it appropriate as designed?

- No Yes

5. If "No," revise the accommodation plan.

G. Summary of Actions Taken

- Parent/Guardian (or student if age 18 or over) was provided written notice of rights under Section 504 at the meeting. If parent/guardian or eligible student did not attend, notice of procedural safeguards and a copy of this form will be mailed.
- 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 that includes accommodations and/or related aids or services.
- A Section 504 Accommodation Plan was developed that does not include accommodations and/or related aids or services.
- Student is NOT identified as a person with a disability under Section 504.
- An evaluation (which may consist of a review of existing records) prior to a significant change in placement has been conducted.
- Other (please specify): _____

Recorder

Title

Received by district administrator:

Signature

Date: _____