

**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. Purpose of Meeting

- Determine initial eligibility under Section 504 and consider eligibility for accommodations/related aids or services.
- Review eligibility under Section 504.
- Review eligibility and accommodations/related aids or services before significant change in placement.

B. Eligibility Team Members:

Name/Position	Knowledgeable about:		
_____	<input type="checkbox"/> Child	<input type="checkbox"/> Meaning of Evaluation Data	<input type="checkbox"/> Accommodations/Placement
_____	<input type="checkbox"/> Child	<input type="checkbox"/> Meaning of Evaluation Data	<input type="checkbox"/> Accommodations/Placement
_____	<input type="checkbox"/> Child	<input type="checkbox"/> Meaning of Evaluation Data	<input type="checkbox"/> Accommodations/Placement
_____	<input type="checkbox"/> Child	<input type="checkbox"/> Meaning of Evaluation Data	<input type="checkbox"/> Accommodations/Placement

C. Sources of Evaluation Information:

- | | |
|--|--|
| <input type="checkbox"/> School records review _____ | <input type="checkbox"/> Observations of student _____ |
| <input type="checkbox"/> Grades and report card review _____ | <input type="checkbox"/> Teacher reports _____ |
| <input type="checkbox"/> Parent and/or student report _____ | <input type="checkbox"/> Checklists, rating scales _____ |
| <input type="checkbox"/> Medical information _____ | <input type="checkbox"/> Nursing assessment _____ |
| <input type="checkbox"/> Standardized testing _____ | <input type="checkbox"/> Parent/student interviews _____ |
| <input type="checkbox"/> Other: _____ | |

D. Eligibility Criteria:

1. The student has a mental or physical impairment (specify): _____

and

2. The impairment substantially limits one or more of the following major life activities, without regard to positive mitigating measures (check):

- | | | | |
|-----------------------------------|--|---|--|
| <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"/> 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"/> performing manual tasks | <input type="checkbox"/> operation of a major bodily function | |
| <input type="checkbox"/> sitting | <input type="checkbox"/> reaching | <input type="checkbox"/> interacting with others | <input type="checkbox"/> Other |

The term "substantially limits" means that the student is substantially limited as to the condition, manner or duration under which a particular life activity is performed in comparison to most people in the general population.

E. Eligibility Determination:

- The student does not have a physical or mental impairment and/or any identified impairment does not substantially limit a major life activity. Therefore, the student is **not** eligible for Section 504 protections. The parent must be provided notice of their procedural rights, including the right to an impartial hearing.
- The student does have a physical or mental impairment that substantially limits a major life activity.
 - The student requires accommodations/related aids or services in a 504 plan after considering the positive effects of mitigating measures.
 - The student does not require accommodations/related aids or services in a 504 plan at this time after considering the positive effects of mitigating measures.