

**Mt. Lebanon School District
Section 504/Chapter 15 Eligibility Determination**

Student Name: _____

Grade: _____ Age: _____ Date of Birth: _____

School Building Name: _____

Parent/Guardian Name: _____

Address: _____

Phone Number: _____

Parent/Guardian Email: _____

Eligibility Team Members:

Team Member Name	Position

Reason(s) for Evaluation/Re-evaluation

Initial Evaluation Re-Evaluation

Information Reviewed to Determine Eligibility: *(Check ALL areas that apply)*

❖ **At least one is required**

School Based Report

OR

A Script/Report/Statement from a Physician, Medical/Educational Specialist and/or Mental Health Provider.

Data Review

For each section, summarize data reviewed and/or attach a copy to this evaluation form.

A. Review the Parent Input Form(s)

B. Review Teacher/District Staff Input

C. Check all that apply and attach record to this report

Student Evaluation(s)/Medical Report(s)

Cumulative Academic Transcript:

Student Report Card(s):

State/Local Assessment Results

Attendance

Student Discipline Record(s)

Other (List)

- 1.
- 2.
- 3.

**Section 504/Chapter 15 ELIGIBILITY DETERMINATION
(CONTINUED)**

Eligibility Criteria

- 1.** Does the student have a **mental, physical or health impairment** that is supported by documentation or other reliable evidence (e.g., report/script/statement)?

Yes No

Specify the mental, physical or health impairment(s): _____

Note: If the impairment is related to current use of illegal drugs or alcohol, the student is not eligible for Section 504 services.

If **NO**, the analysis ends and the student is not a qualified student with a disability under Section 504. **Go directly to the 504 Evaluation Team Findings, which is at the end of this document.**

- 2.** Does the impairment affect one or more **major life activities** of the student, such that the student is **excluded** or **substantially limited** in participation in any programs or activities of the district?

Factors to consider before answering:

- a. Information reviewed during the **“Data Review”** from page 2.
- b. **Mitigating measures** includes, but is not limited to, the following: the use of medications; medical supplies, equipment or appliances; low-vision devices; prosthetics (including limbs and devices; hearing aids and cochlear implants or other implantable hearing devices; mobility devices; oxygen therapy equipment and supplies; assistive technology; reasonable accommodations; auxiliary aids or services; or learned behavioral or adaptive neurological modifications. Note: Mitigating measures, in and of themselves, cannot be used to exclude from Chapter 15/504 eligibility).

Are mitigating measures present?

Yes No

If mitigating measures are present, please describe:

- c. **Other circumstances:** Are there cultural, economic, or environmental circumstances that are limiting the student's academic or behavioral progress?

Yes No

If yes, please describe:

*******NOW ANSWER:** Does the impairment affect one or more **major life activities** of the student, such that the student is **excluded** or **substantially limited** in participation in any programs or activities of the district?

Yes No

- **If “YES”, check the major life activity(ies) affected by the impairment:**

Seeing Hearing Caring for one's self

Walking Sleeping Working Speaking or communicating

Performing manual tasks Standing Eating Breathing

Learning (including reading, thinking, concentrating)

Major body functions

(specify) _____ Functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions

Other (specify): _____

- **If “NO” major life activity is affected by the impairment, the analysis ends and the student does not qualify as a student with a disability under Section 504. The student is not a protected individual under Section 504. Provide a brief description of the team's conclusion:**

❖ **Go directly to the 504 Evaluation Team Findings (End of Document)**

3. Is the student **substantially** or **extremely limited** in the identified major life activity(ies) based on their disability? Review the guidelines and definitions on the next page. Then, complete the scale that follows.

Guidelines:

- Make an educated estimate of limitation **without** the effect of **mitigating measures**, such as medication; low vision devices (except eye glass or contact lenses); hearing aids and cochlear implants; mobility devices; prosthetics, assistive technology; learned behavioral or adaptive neurological modifications; and reasonable accommodations or auxiliary aids/services.
- For impairments that are **episodic** or in **remission**, make the determination for the **time they are active**.
- Use the **average student** in the general (i.e. national) population as the frame of reference.
- Discount from the analysis any **sub-par performance** due to other factors, such as lack of **motivation** and/or the **immediate situation or environment**. Use the **average student** in the general population as the frame of reference for comparison.

Definitions:

- **Extremely limits** - means that the student is unable to perform a major life activity that the average student of approximately the same age can perform.
- **Substantially restricted** - refers to the condition, manner or duration under which a particular life activities performed as compared to the average student of approximately the same age. The impairment must be ***substantial and somewhat unique***, rather than commonplace, when compared to the average student of approximately the same age.
- **Mildly Affected** – The impairment is less severe, more commonplace, and the student is functioning within expected ranges as compared to the average student of approximately the same age.
- **No Discernable Impact** – Overall functioning is commensurate with the average student of approximately the same age.

*Other factors to Consider:

- Frequency
- Intensity
- Duration

➤ Across one or more environments?

Place an “X” on the following scale to indicate the specific degree that the impairment(s) limit(s) the major life activity/activities: Fill in specific information evaluated by the team that justifies the rating:

Scale:

- _____ 4--Extremely Limits
- _____ 3--Substantially Restricted
- _____ 2--Mildly Affected
- _____ 1--No Discernable Impact

Yes The team’s determination was a **“3” or above** (provide a brief summary).

OR

No The team’s determination was **less than “3”** (provide a brief summary).

4. Is a service or accommodation needed as a result of the disability to enable a student to attend or participate in a program or activity safely and in a manner consistent with attendance and participation of non-disabled students?

Yes No

If **“yes”** was answered for **all four** questions, the student is entitled to accommodations and services under Section 504 made necessary by the disability so that the student can access or attend programs or activities safely and a Chapter 15/Section 504 Service Agreement should be developed.

504 Team Evaluation Findings

The team has recommended a Chapter 15/Section 504 Service Agreement for this

student: Yes No