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

Student Nam	e:	
Grade:	Age:	Date of Birth:
School Buildi	ing Name:	
Parent/Guar	dian Name:	
Address:		-
		-
Phone Numb	er:	
Parent/Guar	dian Email:	
	Eligibility T	eam Members:
	Team Member Name	Position

**Reason(s) for Evaluation/Re-evaluation** 

 $\Box$  Initial Evaluation  $\Box$   $\Box$  Re-Evaluation  $\Box$ 

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

✤ At least one is <u>required</u>

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)?

 $\Box$  Yes  $\Box$  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.

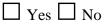
If NO, the analysis ends and the student is not a qualified student with a disability under Section 504. Go directly to the 504 Evaluation Team Findings, which is at the end of this document.

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?



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?

$\Box$ Yes $\Box$ No
If yes, please describe:
*****NOW ANSWER: Does the impairment affect one or more <b>major life activities</b> of the student, such that the student is <u>excluded</u> or <u>substantially limited</u> in participation in any programs or activities of the district?
Yes No
$\succ$ If "YES", check the major life activity(ies) affected by the impairment:
Seeing Hearing Caring for one's self
$\Box$ Walking $\Box$ $\Box$ Sleeping $\Box$ Working $\Box$ $\Box$ Speaking or communicating
$\Box$ Performing manual tasks $\Box$ Standing $\Box$ $\Box$ Eating $\Box$ $\Box$ 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:

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

**3.** Is the student <u>substantially</u> or <u>extremely limited</u> 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 devises (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:

- <u>Extremely limits</u> means that the student is unable to perform a major life activity that the average student of approximately the same age can perform.
- <u>Substantially restricted</u> 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.
- <u>Mildly Affected</u> 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.
- <u>No Discernable Impact</u> 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?



If "**yes**" was answered for <u>all four</u> 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:  $\Box \Box$  Yes  $\Box \Box$  No