

NON-ELIGIBILITY DETERMINATION NOTICE

Date:

Parent/Guardian Name and Mailing Address:

Student Name:	School/Grade:	Date of Birth:
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COMPLETED BY:

DATE:

On the 504 Team determined that the above named student does not meet the eligibility criteria for Section 504 Services by not exhibiting a physical or mental impairment that substantially limits one or more major life activity and does not meet the criteria for accommodations under Section 504.

504 Team Members	Position

If you have any questions, please contact me within the next ten (10) days. A copy of the Procedural Safeguards and Grievance Procedure are attached.

Signature:

Telephone Number: