

## Section 504 Eligibility Determination

Name: _____	Date: _____
Date of Birth: _____	MSIS#: _____
	Age: _____
School: _____	Grade: _____

If a student with an impairment does not need accommodations/modifications beyond those normally made available to any student, then he or she is not entitled to have a 504 plan. If the student requires individually designed instruction due to the severity of his/her impairment, then the student should be referred under IDEA.

### Evaluation Information

<input type="checkbox"/> Physician's Report	<input type="checkbox"/> Parent Input	<input type="checkbox"/> Observation Data	<input type="checkbox"/> Psychological Evaluation
<input type="checkbox"/> Teacher Input	<input type="checkbox"/> Parental Information	<input type="checkbox"/> State Test Results	<input type="checkbox"/> Home & Health History
<input type="checkbox"/> Intervention Data	<input type="checkbox"/> Work Samples	<input type="checkbox"/> Universal Screening Results	<input type="checkbox"/> Discipline History

The team should determine whether the student's learning is "substantially limited" as a result of the impairment by considering the following:

### Indications of Difficulty in Learning/Behavior

<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Does the student have excessive tardiness or absenteeism due to a physical or mental impairment?</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>If so, do those tardiness / Absenteeism significantly interfere with the student's educational progress?</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Has the student been retained one or more years or is the student two or more years older than students in the same grade?</b> <i>If yes, which grade? _____</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Are the majority of the student's grades unsatisfactory during the past two semesters?</b> <i>If yes, explain _____</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Are there other factors not caused by the student's physical or mental impairment that may have caused the student's grades to decline?</b> <i>If yes, what are those factors _____</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Does the student consistently demonstrate a need for substantially more time to complete in-class assignments and/or homework assignments than that required by nondisabled students?</b> <i>If yes, explain in terms of additional time, subject matter, &amp; types of assignments. _____</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Does the student need modified assignments / assessments in order to be successful?</b> <i>If yes, what are those modifications? _____</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Does the student exhibit frequent behaviors such as drowsiness, impulsivity, inattentiveness, or aggression, directly associated with an identified physical or mental impairment, AND do these behaviors significantly interfere with school performance?</b> <i>If yes, Indicate those terms of time of day and frequency _____</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Does the student exhibit significant difficulty with planning, organization, and completion of school-related activities and assignments?</b> <i>if yes, describe _____</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Does the student require specific health management protocols to manage the effects of a chronic or acute health or medical impairment?</b> <i>If yes, explain _____</i> <i>Does student have an active health plan? _____</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Have at least two interventions been attempted in the classroom?</b>

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	If yes, please provide additional information. _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	If interventions have been attempted, does the student continue to have significant problems?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the student have a history of significant discipline problems that are due to other factors not caused by the student's physical or mental impairment? If yes, indicate behaviors? _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do behaviors exhibited in the classroom frequently interfere with the student's educational progress?

### Eligibility Analysis

<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Does the student have a mental or physical impairment?</b> <i>If yes, identify the impairment and supporting data.</i> * Impairment: _____ * Supporting Data: _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Does the cultural, environmental, or economics (CEE) account for limitations in a Major Life Activity or Major Bodily Function?</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Is the impairment temporary</b> (If yes, describe frequency, intensity, and expected duration) * Describe the impairment: _____ * Describe frequency, intensity, & Expected Duration: _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Does the impairment limit a MLA / MBF?</b> * Describe the Major Life Activity (MLA) or Major Bodily Function (MBF) _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Considering the frequency, intensity, and duration, does the impairment, when in an active state, substantially limit a MLS/MBF as compared to how the average, non disabled student performs the same major life activity?</b> * Is the student using any measures or other modifications to reduce or control the effect of the impairment? _____ If Yes, what is the mitigation measure? _____

**\*\* These factors by themselves do not trigger 504's protections that require a free public education or reasonable accommodations.**

### Eligibility Determination

\_\_\_\_\_ **NO** - The student is not eligible.

\_\_\_\_\_ **YES** - The student's disability is active and presently requires accommodations and/or modifications in the school setting. The student is section 504 eligible and requires a 504 Accommodation Plan.

\*\*\* The above recommendation was based on: Current academic grades, Tier Documentation, Teacher Narratives, Behavior Documentation, District assessments, Outside Evaluations, Documentation from outside counseling and therapy, Additional accommodation Data collected by classroom teacher, Physicians Reports and additional information.

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**Dr. Heather Hines**  
**504 Coordinator - Rankin County School District**

\_\_\_\_\_  
**Date**