

ELIGIBILITY DETERMINATION FORM

Student Name: Date of Birth:

School: Grade: Date:

Information obtained in the Review of Existing Data form as well as other documentation collected during the evaluation process will be used to answer the following questions:

1) Does the student have a physical or mental impairment?

- No
- Yes (describe impairment)

2) Does the physical or mental impairment substantially limit a major life activity?

- No
- Yes (describe how it substantially limits the major life activity/activities)

3) Does the student require Section 504 accommodations in order for their educational needs to be met as adequately as non-disabled peers?

- No
- Yes (describe why accommodations are necessary)

<input type="checkbox"/> Section 504 Eligibility Recommended	<input type="checkbox"/> Section 504 Eligibility Not Recommended
Proceed to Accommodations Plan Form and complete Notice of Eligibility Form	Proceed to Notice of Non-Eligibility Form