

SECTION 504/ADA STUDENT ELIGIBILITY FORM*

Child's Name: _____ Birthdate: _____

Eligibility Team Members: Fill in names and check whether knowledgeable about the:

Names: _____	...child _____	...meaning of evaluation data _____	...accommodations/ placement options _____
_____	_____	_____	_____
_____	_____	_____	_____

Sources of evaluation information (indicate each one used):

aptitude and/or achievement tests teacher recommendations
 adaptive behavior others(specify): _____

1. Specify the mental or physical *impairment* _____
 (as recognized in *DSM-V* or other respected source if not excluded under 504/ADA, e.g., illegal drug use)*

2. Check the *major life activity*: seeing hearing walking breathing learning

reading	writing	thinking	concentrating	communicating	speaking
interacting with others	manual tasks	reaching	lifting	bending	
eating	sleeping	bowel functions	bladder functions	digestive functions	
immune system functions	circulatory system functions	endocrine system functions			

or specify alternative of equivalent scope and central importance: _____

3. Place an "X" on the following scale to indicate the specific degree that the impairment (in #1) limits the major life activity (in #2):

- Make an educated estimate **without** the effects of mitigating measures, such as medication; low-vision devices (except eyeglasses 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.
- Similarly, for impairments that are episodic or in remission, make the determination for the time they are active.
- Use **most** students in the general (i.e., national or state) population as the frame of reference.
- Interpret close calls in favor of broad coverage (i.e., construing Items 1-3 to the maximum extent that they permit). Thus, for an "X" at 4.0 or below, fill in specific information evaluated by the team that justifies the rating:

5	_____	Extremely	_____
	_____		_____
4	_____	Substantially	_____
	_____		_____
3	_____	Moderately	_____
	_____		_____
2	_____	Mildly	_____
	_____		_____
1	_____	Negligibly	_____

4. If the team's determination for #3 was less than "4," provide notice to the parents of their procedural rights, including an impartial hearing. If the team's determination was a "4" or above, the team should determine and list on the 504/ADA Plan the specific accommodations and/or services that are necessary for the child to have an opportunity commensurate with nondisabled students (of the same age).

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[N.B. Bold font and grey highlighting based on ADA, effective 1/1/09. Cyan highlighting based on ADA Title II regulations, effective 8/11/16, which included the designation of impairments "easily" qualifying for eligibility: autism, bipolar disorder, diabetes, cancer, TBI, and OCD.]