## **504 ELIGIBILITY DETERMINATION**

Stude	nt's Name:		Grade:	Date:
Schoo	ol:	Birthda	ate: Paren	t(s):
School Contact Person:			Position:	
_	oility Team Members: (fill in na	mes and check w	hether knowledgeable about the	) accommodations/ placement options
				PROVINCIA SOCIO
Variet	ty of sources of evaluation inf	ormation: (indicate	•	nmendations/observations
	adaptive behavior		student work	
	<del></del>		cognitive ass	
	other (specify):			
1. 5	Specify the mental or physical in	npairment:		
	other (specify):	g	ring for one's self	
b D ir	OR  significantly restricted as to the compared to the average stude unique, rather than commonphiscount from the analysis any mmediate situation or environments.	e activity that the e condition, mann ent of approximatel lace, when compa sub-par performa ent. Similarly, mak	ent is: average student of approximatel er or duration under which a parti y the same age. The impairment m ired to the average student of app ince due to other factors, such e an educated estimate of the m ame of reference for comparisor	cular life activity is performed as ust be <u>substantial and somewhat</u> roximately the same age. as lack of motivation, and the itigation of medication. Use the
Place (in #2	an "X" on the following scale to ): For an "X" at 4.0 or above, fi 5 ———— Extremely	indicate the speci Il in specific inforn	fic degree that the impairment (ir nation evaluated by the team tha	#1) limits the major life activity it justifies the rating:
	4 Substantially			
	3 — Moderately			
	2 — Mildly			
	1 ——— Negligibly			
<u> </u>	to parents of their procedural r The team's determination was	ights, including ar a "4" or above. T ons that are <u>nece</u>	The team should determine and ssary for the student to have an o	list on the 504 Accommodation

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