

**NATICK PUBLIC SCHOOLS
SECTION 504 ELIGIBILITY DETERMINATION FORM**

Student's Name: _____ DOB: _____ Age: _____
School: _____ Grade: _____
Parent/Guardian: _____
Case Manager/Contact Person: _____ Date of Meeting: _____

A. Purpose of Meeting

- Determine initial eligibility under Section 504 and consider eligibility for accommodations/related aids or services.
- Review eligibility under Section 504.
- Review eligibility and accommodations/related aids or services before significant change in placement.

B. 504 Eligibility Team Members: (Check the categories that apply to each team member below)

Name/Position:	Knowledgeable about:		
_____	<input type="checkbox"/> Child	<input type="checkbox"/> Meaning of Evaluation Data	<input type="checkbox"/> Accommodations/Placement
_____	<input type="checkbox"/> Child	<input type="checkbox"/> Meaning of Evaluation Data	<input type="checkbox"/> Accommodations/Placement
_____	<input type="checkbox"/> Child	<input type="checkbox"/> Meaning of Evaluation Data	<input type="checkbox"/> Accommodations/Placement
_____	<input type="checkbox"/> Child	<input type="checkbox"/> Meaning of Evaluation Data	<input type="checkbox"/> Accommodations/Placement

C. Sources of Evaluation Information:

- | | |
|--|--|
| <input type="checkbox"/> School records review _____ | <input type="checkbox"/> Observations of student _____ |
| <input type="checkbox"/> Grades and report card review _____ | <input type="checkbox"/> Teacher reports _____ |
| <input type="checkbox"/> Parent and/or student report _____ | <input type="checkbox"/> Checklists, rating scales _____ |
| <input type="checkbox"/> Medical information _____ | <input type="checkbox"/> Nursing assessment _____ |
| <input type="checkbox"/> Standardized testing _____ | <input type="checkbox"/> Parent/student interviews _____ |
| <input type="checkbox"/> Other: _____ | |

D. Eligibility Criteria:

1. The student has a mental or physical impairment (specify): _____
and has the parent/guardian provided the team with a diagnosis? Yes No
2. The impairment substantially limits one or more of the following major life activities (check):

<input type="checkbox"/> seeing	<input type="checkbox"/> hearing	<input type="checkbox"/> caring for oneself	<input type="checkbox"/> breathing
<input type="checkbox"/> walking	<input type="checkbox"/> learning	<input type="checkbox"/> working	<input type="checkbox"/> eating
<input type="checkbox"/> sleeping	<input type="checkbox"/> standing	<input type="checkbox"/> lifting	<input type="checkbox"/> bending
<input type="checkbox"/> reading	<input type="checkbox"/> concentrating	<input type="checkbox"/> thinking	<input type="checkbox"/> communicating
<input type="checkbox"/> speaking	<input type="checkbox"/> performing manual tasks	<input type="checkbox"/> operation of a major bodily function	

The term "substantially limits" means that the student is:

- a) unable to perform a major life activity that the average person in the general population can perform, or
- b) substantially restricted as to the condition, manner or duration under which a particular life activity is performed as compared to the student's average peers (*compared to national norms*).

➤ Rate the severity and impact of the impairment(s) only on those major life activities checked above:

NOTE: Severity ratings of 3 and above are considered to be reflective of "substantial" limitation. Consider the nature, severity, duration or expected duration of the impairment, and the permanent or long-term impact resulting from the impairment. The ameliorative effects of mitigating measures, such as the use of medications, personal devices such as hearing aids, learned behavioral or adaptive neurological modifications or reasonable accommodations may not be considered at this stage of the analysis, other than the use of eyeglasses or contact lenses. Conditions that are in remission or episodic in nature qualify as disabilities if substantially limiting in their active state.

Place an "X" on the following scale to indicate the specific degree that the impairment(s) (in #3) limits each of the major life activities checked above:

Major Life Activity	Ability to Perform a Major Life Activity <i>Mark "No" if the student is unable to perform this major life activity. No further rating required.</i>	OR	Restriction of Condition, Manner or Duration of Performing a Major Life Activity <i>To what degree is the student restricted as to the condition, manner, or duration under which the major life activity is performed in comparison to the average person in the general population.</i>	Based on the review: Is there at least a substantial limitation?
Caring for oneself	<input type="checkbox"/> No <input type="checkbox"/> Yes	OR	Mild Moderate Substantial Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4	<input type="checkbox"/> No <input type="checkbox"/> Yes
Performing manual tasks	<input type="checkbox"/> No <input type="checkbox"/> Yes	OR	Mild Moderate Substantial Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4	<input type="checkbox"/> No <input type="checkbox"/> Yes
Seeing	<input type="checkbox"/> No <input type="checkbox"/> Yes	OR	Mild Moderate Substantial Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4	<input type="checkbox"/> No <input type="checkbox"/> Yes
Hearing	<input type="checkbox"/> No <input type="checkbox"/> Yes	OR	Mild Moderate Substantial Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4	<input type="checkbox"/> No <input type="checkbox"/> Yes
Eating	<input type="checkbox"/> No <input type="checkbox"/> Yes	OR	Mild Moderate Substantial Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4	<input type="checkbox"/> No <input type="checkbox"/> Yes
Sleeping	<input type="checkbox"/> No <input type="checkbox"/> Yes	OR	Mild Moderate Substantial Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4	<input type="checkbox"/> No <input type="checkbox"/> Yes
Walking	<input type="checkbox"/> No <input type="checkbox"/> Yes	OR	Mild Moderate Substantial Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4	<input type="checkbox"/> No <input type="checkbox"/> Yes
Standing	<input type="checkbox"/> No <input type="checkbox"/> Yes	OR	Mild Moderate Substantial Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4	<input type="checkbox"/> No <input type="checkbox"/> Yes
Lifting	<input type="checkbox"/> No <input type="checkbox"/> Yes	OR	Mild Moderate Substantial Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4	<input type="checkbox"/> No <input type="checkbox"/> Yes
Bending	<input type="checkbox"/> No <input type="checkbox"/> Yes	OR	Mild Moderate Substantial Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4	<input type="checkbox"/> No <input type="checkbox"/> Yes
Speaking	<input type="checkbox"/> No <input type="checkbox"/> Yes	OR	Mild Moderate Substantial Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4	<input type="checkbox"/> No <input type="checkbox"/> Yes
Breathing	<input type="checkbox"/> No <input type="checkbox"/> Yes	OR	Mild Moderate Substantial Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4	<input type="checkbox"/> No <input type="checkbox"/> Yes
Learning	<input type="checkbox"/> No <input type="checkbox"/> Yes	OR	Mild Moderate Substantial Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4	<input type="checkbox"/> No <input type="checkbox"/> Yes
Reading	<input type="checkbox"/> No <input type="checkbox"/> Yes	OR	Mild Moderate Substantial Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4	<input type="checkbox"/> No <input type="checkbox"/> Yes
Concentrating	<input type="checkbox"/> No <input type="checkbox"/> Yes	OR	Mild Moderate Substantial Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4	<input type="checkbox"/> No <input type="checkbox"/> Yes
Thinking	<input type="checkbox"/> No <input type="checkbox"/> Yes	OR	Mild Moderate Substantial Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4	<input type="checkbox"/> No <input type="checkbox"/> Yes
Communicating	<input type="checkbox"/> No <input type="checkbox"/> Yes	OR	Mild Moderate Substantial Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4	<input type="checkbox"/> No <input type="checkbox"/> Yes
Working	<input type="checkbox"/> No <input type="checkbox"/> Yes	OR	Mild Moderate Substantial Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4	<input type="checkbox"/> No <input type="checkbox"/> Yes
Operation of a major bodily function	<input type="checkbox"/> No <input type="checkbox"/> Yes	OR	Mild Moderate Substantial Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4	<input type="checkbox"/> No <input type="checkbox"/> Yes

- The team's determination was less than "3." The student is not eligible for Section 504 protections. Provide notice to parents of their procedural rights.
- OR** The team's determination was a "3" or above. The student has a physical or mental impairment that substantially limits a major life activity, and is eligible as a person with a disability. The team should next determine what, if any, specific accommodations and/or related aids or services are necessary for the student to have an opportunity commensurate with non-disabled students in the district. Some students, although disabled, may require no accommodations and/or related aids or services.

E. Eligibility Determination:

- The student does **not** have a physical or mental impairment and/or any identified impairment does not substantially limit a major life activity. Therefore, the student is **not** eligible for Section 504 protections. The parent must be provided notice of their procedural rights, including the right to an impartial hearing.
- The student **does have** a physical or mental impairment that substantially limits a major life activity.
- The student requires accommodations/related aids or services in a 504 plan.
- The student does not require accommodations/related aids or services in a 504 plan at this time.