

St. Lucie Public Schools  
**Section 504 Initial Eligibility**

Student Name		ID #	Date of Birth	School	Grade
Referred By:		Referral Date:		Today's Date	
Committee Membership	By regulation, the Section 504 Committee is a group of knowledgeable people. Within the group, each required type of knowledge must be present. List each member attending and check the area of knowledge each provides (attach an additional sheet if necessary). Each required area of knowledge must be present on the committee.				
Member Name	Position/Title		This member has knowledge of...		
			<input type="checkbox"/> The child <input type="checkbox"/> The evaluation data <input type="checkbox"/> The placement options		
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Procedural Checklist	Initial Eligibility must complete Questions 1-5. <b>Please verify by checkmark that each requirement is completed before proceeding.</b>				
1. Verify that the parent consented to a §504 initial evaluation (STS0132)					
2. Verify that the §504 Committee is a group, including a person with knowledge in each of the required areas.					
3. Verify the Student's dominant language:			Dominant language of the home:		
4. Verify that the parent received Notice of Parent Rights under §504					
5. Verify <i>how</i> the parent was informed of the date, time, and place for this evaluation (check one)					
<input type="checkbox"/> In writing (Attach STS0080) <input type="checkbox"/> By phone <input type="checkbox"/> In person					
Evaluation Data	The Committee reviewed and carefully considered data gathered from a variety of sources, including the Referral Document. [Please check each type of data reviewed by the Committee, or attach copies of the data.]				
	<input type="checkbox"/> Parent Input	<input type="checkbox"/> Student work portfolio	<input type="checkbox"/> Grade reports		
	<input type="checkbox"/> Standardized Tests and Other Tests	<input type="checkbox"/> Discipline records/referrals	<input type="checkbox"/> Early Intervention data		
	<input type="checkbox"/> Mitigating Measures	<input type="checkbox"/> Teacher/Administrator input	<input type="checkbox"/> School Health information		
	<input type="checkbox"/> Medical Evaluations/Diagnoses	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____		
NOTE: If information from a conversation or other data in unwritten form was considered, please attach written notes summarizing the conversation or data.					
Eligibility Determination	<b>1. Does the student have a physical or mental impairment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   If YES, please identify the impairment(s).  _____  <i>Notes (1) This is an educational determination only and not a medical diagnosis for purposes of treatment. (2) Impairments that are episodic, in remission or mitigated should also be listed.</i>				

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**Section 504 Initial Eligibility (p.2)**

Eligibility Determination (continued)	<p><b>2. Does the physical or mental impairment affect one or more major life activities (including major bodily functions)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, identify by checking the appropriate box or boxes.</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Bending</td> <td><input type="checkbox"/> Breathing</td> <td><input type="checkbox"/> Caring for oneself</td> <td><input type="checkbox"/> Communicating</td> </tr> <tr> <td><input type="checkbox"/> Concentrating</td> <td><input type="checkbox"/> Eating</td> <td><input type="checkbox"/> Hearing</td> <td><input type="checkbox"/> Learning</td> </tr> <tr> <td><input type="checkbox"/> Lifting</td> <td><input type="checkbox"/> Performing manual tasks</td> <td><input type="checkbox"/> Reading</td> <td><input type="checkbox"/> Seeing</td> </tr> <tr> <td><input type="checkbox"/> Sleeping</td> <td><input type="checkbox"/> Speaking</td> <td><input type="checkbox"/> Standing</td> <td><input type="checkbox"/> Thinking</td> </tr> <tr> <td><input type="checkbox"/> Walking</td> <td><input type="checkbox"/> Working</td> <td><input type="checkbox"/> Other _____</td> <td><input type="checkbox"/> Other _____</td> </tr> </table> <p>Operation of a Major Bodily Function</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Bladder function</td> <td><input type="checkbox"/> Bowel function</td> <td><input type="checkbox"/> Brain function</td> <td><input type="checkbox"/> Circulatory function</td> </tr> <tr> <td><input type="checkbox"/> Digestive function</td> <td><input type="checkbox"/> Endocrine function</td> <td><input type="checkbox"/> Immunity function</td> <td><input type="checkbox"/> Neurological function</td> </tr> <tr> <td><input type="checkbox"/> Normal cell growth</td> <td><input type="checkbox"/> Reproductive function</td> <td><input type="checkbox"/> Respiratory function</td> <td><input type="checkbox"/> Other _____</td> </tr> </table> <p><i>Note: For an impairment that is episodic, in remission, or mitigated, identify the activity or function affected when the disability was present or active.</i></p>			<input type="checkbox"/> Bending	<input type="checkbox"/> Breathing	<input type="checkbox"/> Caring for oneself	<input type="checkbox"/> Communicating	<input type="checkbox"/> Concentrating	<input type="checkbox"/> Eating	<input type="checkbox"/> Hearing	<input type="checkbox"/> Learning	<input type="checkbox"/> Lifting	<input type="checkbox"/> Performing manual tasks	<input type="checkbox"/> Reading	<input type="checkbox"/> Seeing	<input type="checkbox"/> Sleeping	<input type="checkbox"/> Speaking	<input type="checkbox"/> Standing	<input type="checkbox"/> Thinking	<input type="checkbox"/> Walking	<input type="checkbox"/> Working	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Bladder function	<input type="checkbox"/> Bowel function	<input type="checkbox"/> Brain function	<input type="checkbox"/> Circulatory function	<input type="checkbox"/> Digestive function	<input type="checkbox"/> Endocrine function	<input type="checkbox"/> Immunity function	<input type="checkbox"/> Neurological function	<input type="checkbox"/> Normal cell growth	<input type="checkbox"/> Reproductive function	<input type="checkbox"/> Respiratory function	<input type="checkbox"/> Other _____
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	<p><b>3. Does the physical or mental impairment <i>substantially limit</i> a major life activity?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Notes: (1) "Substantially limits" does not mean "significantly restricted." (2) The ADA requires that when making this determination, the Committee should not consider the ameliorative (helpful or positive) effects of mitigating measures (except for ordinary eyeglasses or contact lenses). (3) The fact that the impairment is episodic (the impact of the impairment is sometimes substantially limiting, but not always), or in remission, does not preclude eligibility if the impairment would substantially limit a major life activity when active.</i></p> <p><b>If Eligibility Question 3 is answered "no," explain why the student is not substantially limited and describe how the committee addressed the positive impact of mitigating measures (what measures are used by/for the student, and what was their impact?):</b></p>																																		
Accommodation Plan & Placement  Only if each of the preceding questions were answered "YES"	<p><b>4. Does the student need Section 504 services in order for his/her educational needs to be met as adequately as those of non-disabled peers?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Notes: (1) If the student's needs are so extreme as to require special education and related services, the student is in need of a Section 504 accommodation plan, AND a referral to special education should be considered. (2) If the student's impairment is in remission, or the student's needs are currently addressed by mitigating measures, the student is not in need of a Section 504 accommodation plan.</i></p> <p><b>If the Plan and Placement question is answered "NO," explain why the student does not need a Section 504 Accommodation Plan:</b></p>																																		
Committee Decision	The Section 504 Committee's analysis of the eligibility criteria as applied to the evaluation data indicates that at this time (check the appropriate box or boxes):																																		
<input type="checkbox"/> Eligible & Plan	<p><b>If all four questions are answered "YES",</b> the student is eligible under Section 504, and will receive a Section 504 accommodation plan that governs the provision of a free appropriate public education to the student. The student will receive manifestation determination, procedural safeguards, periodic Re-Evaluation or more often as needed, as well as the nondiscrimination protections of Section 504.</p>																																		
<input type="checkbox"/> Eligible & No Plan	<p><b>If only the first three questions are answered "YES",</b> the student is eligible under Section 504, but will not require a Section 504 accommodation plan because the physical or mental impairment is in remission, and there is no current need for services. The student will receive manifestation determination, procedural safeguards, periodic Re-Evaluation or more often as needed, as well as the nondiscrimination protections of Section 504. Should need for a plan develops, the Section 504 Committee shall reconvene and develop an appropriate Section 504 accommodation plan.</p>																																		
<input type="checkbox"/> Not Eligible	<p><b>If any of the first three answers is "NO",</b> the student is not eligible for Section 504 nondiscrimination protection and is not eligible for a Section 504 accommodation plan.</p>																																		
Committee Signatures	Section 504 Designee	Evaluation Specialist	Nurse																																
	Administrator	Teacher	Teacher																																
	Teacher	Teacher	Teacher																																
	Other	Other	Other																																
	Parent/Guardian Signature:  I have received a copy of the Parent/Student Rights in identification, evaluation, and placement under Section 504 of the Rehabilitation Act of 1973.																																		
Parent/Guardian initials _____ Date ____/____/____																																			

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