**Iredell-Statesville Schools**

**Section 504/ADA Student Eligibility Form**

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_

Student: Student ID:

School: Date of Birth:

Grade:

**SECTION I**

List Suspected/Diagnosed Physical or Mental Impairment(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION II**

Sources of Evaluation Data (check each one used):

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Physician’s Report |  | State Test Results |  | Curriculum Based Assessments |  | Attendance Records |
|  | Parent Information |  | Health History |  | Psychological Evaluation Report |  | Report Card |
|  | Work Samples |  | Discipline Records/Referrals |  | Teacher Input |  | Social History |
|  | Classroom Grades |  | Behavior Intervention Plan (BIP) |  | Observation Data |  | Physician Homebound Request |
|  | OtherSpecify: |

Type and date of most recent evaluation(s) used to document impairment:

|  |  |  |
| --- | --- | --- |
| **Date** | **Evaluation Type** | **Indicate the suspected/diagnosed physical or mental impairment** |
|  |  |  |
|  |  |  |

**Summary of Education and Academic Progress:**

**Summary of School Attendance:**

**Summary of Social Skills and Behavior:**

**Summary of Other information:**

**SECTION III (complete for *each area* of suspected/diagnosed impairment)**

Suspected/Diagnosed Impairment:

1. Is the impairment intermittent, episodic, or in remission?

|  |  |
| --- | --- |
| * **YES**
 | * **NO**
 |

**SECTION IV**

|  |  |  |  |
| --- | --- | --- | --- |
| **Select major life activity that is limited****(Caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, other)** | **Does the impairment substantially limit the student’s major life activity without the use of mitigating measures? Or, if the impairment is episodic or is in remission, does it substantially limit the student’s major life activity without the use of mitigating measures?** | **How does the impairment limit the major life activity?** | **Indicate the suspected/diagnosed physical or mental impairment which is associated with the major life activity.** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**SECTION V**

**Eligibility Determination:**

|  |  |
| --- | --- |
| **Suspected/Diagnosed Impairment** | **Disabling Condition Under Section 504** |
|   | * **YES**
 | * **NO**
 |
|   | * **YES**
 | * **NO**
 |
|   | * **YES**
 | * **NO**
 |

 [student name] □ is Section 504 eligible.

 □ is not Section 504 eligible.

**If the team determines that the student is eligible under Section 504, the team will consider whether the development of a Section 504 Accommodations Plan is appropriate.**

**Meeting Participants**

|  |  |  |
| --- | --- | --- |
| **Name** | **Position** | **Signature** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Parents have been provided a copy of the Section 504 meeting documentation and Section 504 Parent/Student Rights.