

## SECTION 504 ELIGIBILITY DETERMINATION FORM [Short Form]

Wellington School District  
221 S Washington  
Wellington, KS 67152

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

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**A. The purpose of the meeting:**

- ☐ Determine initial eligibility under Section 504 and consider need 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 |
| <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 other 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**

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"/> cares 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 |  |

## Appendix C - Short

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*).

### 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 services in a 504 plan.
  - ☐ The student does not require accommodations/related aids or services in a 504 plan at this time.