

Section 504 Three Year Eligibility Review

Note: To be completed for three-year review of eligibility.											
Student Name	Date of Birth										
Date:	School & Grade:										
Parents/Guardians:	Phone										
Parents/Guardians Address:											
<p>1. The student has a physical or mental impairment: <input type="checkbox"/> Physical <input type="checkbox"/> Mental <input type="checkbox"/> Neither Documentation: e.g., physician’s report, screening/testing results describing impairment)</p> <p>_____</p> <p>_____</p>											
<p>2. The student’s impairment substantially limits a major life activity: <input type="checkbox"/> Yes <input type="checkbox"/> No (walking, seeing, hearing, speaking, breathing, learning, working, caring for oneself, performing manual tasks.) Note: Substantially limits means unable to perform a major life activity that the average person can perform. The student must be significantly restricted as to the condition, manner or duration under which he/she can perform a major life activity as compared to the average person. The 504 Team should consider the following factors in making its determination:</p> <p>A. The nature and severity of the impairment. B. The duration or expected duration of the impairment, and C. The permanent or long-term impact expected to result from this impairment.</p> <p>Major Life Activity: (Check the appropriate box(es) and describe substantial limitations.)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Caring for oneself</td> <td style="width: 50%;"><input type="checkbox"/> Speaking</td> </tr> <tr> <td><input type="checkbox"/> Performing manual tasks</td> <td><input type="checkbox"/> Breathing</td> </tr> <tr> <td><input type="checkbox"/> Walking</td> <td><input type="checkbox"/> Learning</td> </tr> <tr> <td><input type="checkbox"/> Seeing</td> <td><input type="checkbox"/> Working</td> </tr> <tr> <td><input type="checkbox"/> Hearing</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table> <p>Description of Limitation(s): _____</p> <p>_____</p>		<input type="checkbox"/> Caring for oneself	<input type="checkbox"/> Speaking	<input type="checkbox"/> Performing manual tasks	<input type="checkbox"/> Breathing	<input type="checkbox"/> Walking	<input type="checkbox"/> Learning	<input type="checkbox"/> Seeing	<input type="checkbox"/> Working	<input type="checkbox"/> Hearing	<input type="checkbox"/> Other: _____
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<input type="checkbox"/> Seeing	<input type="checkbox"/> Working										
<input type="checkbox"/> Hearing	<input type="checkbox"/> Other: _____										
<p>3. Determination:</p> <p><input type="checkbox"/> The student continues to be eligible for services/accommodations under Section 504.</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> The student is no longer eligible for services/accommodations under Section 504.</p>											