

Eastmont School District

Section 504: Eligibility Statement

Student Name: _____ Today's date: _____

School: _____ Grade: _____

Based on the eligibility team's findings, answer the following questions.

1. Does the student have a documented impairment? Yes No

If "yes", what is the impairment? _____

2. Does the student's documented impairment *substantially limit* one or more major life activity? Yes No

If "yes" which of the following major life activities is being *substantially limited* by the disability or handicap?

- Learning Seeing Hearing Breathing Caring for Self
 Walking Speaking Working Standing Lifting
 Bending Eating Sleeping Reading Communicating
 Working Thinking Performing manual tasks Concentrating
 Operation of a major bodily function (specify below) or Other

Other (describe) _____

3. Is the student unable to access the programs and services of the school district as adequately as non-disabled students because of his/her disability?

Yes No

- **If Questions 1-3 were answered "YES", the student is eligible for a Section 504 Accommodation Plan. The eligibility team is to proceed to the Accommodation Plan.**
- **If, however, the eligibility team answered "NO" to any of the questions above, the student is NOT eligible. If the student is not eligible, conclude the meeting by documenting the team's rationale in the space below.**
