

**Lexington City Schools  
300 Diamond Street  
Lexington, VA 24450  
(540) 463-7146**

**SECTION 504 ELIGIBILITY FORM**

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Does the student have a physical or mental impairment(s)?

- YES If yes, specify the physical or mental impairment (**\*If a student has more than 1 physical or mental impairment, a separate eligibility form should be completed for each physical or mental impairment**):
- NO

II. Is a major life activity affected by the impairment? (If so, check all that apply):

<input type="checkbox"/>	Caring for one's self	<input type="checkbox"/>	Sleeping
<input type="checkbox"/>	Performing manual tasks	<input type="checkbox"/>	Eating
<input type="checkbox"/>	Walking	<input type="checkbox"/>	Standing
<input type="checkbox"/>	Seeing	<input type="checkbox"/>	Lifting
<input type="checkbox"/>	Hearing	<input type="checkbox"/>	Bending
<input type="checkbox"/>	Speaking	<input type="checkbox"/>	Reading
<input type="checkbox"/>	Breathing	<input type="checkbox"/>	Concentrating
<input type="checkbox"/>	Learning	<input type="checkbox"/>	Thinking
<input type="checkbox"/>	Working	<input type="checkbox"/>	Communicating
<input type="checkbox"/>	Operation of a major bodily function (including immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions)	<input type="checkbox"/>	Other(s) (describe):

III. Describe the way(s) in which the major life activity is limited by the physical or mental impairment:

IV. Is the major life activity **substantially** limited as a result of the impairment?

YES (If yes, the student qualifies as having a disability under Section 504.)

NO

- The term “substantially limits” should be construed broadly. It should not be construed to require an inappropriately high level of limitation.
- The determination of whether an impairment substantially limits a major life activity must be made without considering the ameliorative effects of mitigating measures, such as medication; low-vision devices (except eyeglasses or contact lenses); hearing aids and cochlear implants; mobility devices, prosthetics; assistive technology; learned behavioral or adaptive neurological modifications and reasonable accommodations or auxiliary aids/services.
- An impairment that substantially limits only one major life activity need not limit other major life activities to be considered a disability.
- An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active.

V. Does the student qualify as having a disability under Section 504?

YES (If the answer is yes, then consider whether a Section 504 plan must be developed for the student.)

NO

- Be certain to draw upon information from a variety of sources in making this eligibility decision.
- Be certain to document the information that was obtained and considered. The notice of proposed and refused actions form can be used for this purpose.

**Signatures of participating Section 504 Team members:**

*Note: Be sure there is at least one check in each column*

Names	Title/Relationship to Student	Knowledgeable about the child	Knowledgeable about the meaning of the evaluation data	Knowledgeable about the placement options
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

\* I have received a copy of the Section 504 Procedural Safeguards and have been afforded an opportunity to have them explained to me. If this eligibility determination constitutes an initial eligibility determination for the student under Section 504, parent/guardian signature indicates parental consent to the initial eligibility determination.

Date received by the Section 504 Case Manager: \_\_\_\_\_

Copies to:

Student’s file

Section 504 Case Manager

Parent(s)