

PINELLAS COUNTY SCHOOLS
SECTION 504 OF THE REHABILITATION ACT of 1973
ELIGIBILITY DETERMINATION

Student Name	Date of Birth:
Student Number:	Grade:
School:	Date:

Initial Determination (I)

Reevaluation (R)

<input type="checkbox"/> Yes <input type="checkbox"/> No

The School Section 504 Committee has determined that _____ has a physical or mental impairment.
 If **Yes**, specify the physical or mental impairment:

- Characteristics of Attention Deficit/Hyperactivity Disorder **(03)**
- Characteristics of Psychological Disorder **(04)**
- Medical Conditions **(05)**

The evaluation sources used to assess the presence of a physical or mental impairment were:

- | | |
|--|--|
| <input type="checkbox"/> School Records/grades | <input type="checkbox"/> Achievement Tests |
| <input type="checkbox"/> Evaluations | <input type="checkbox"/> Teacher Input |
| <input type="checkbox"/> Medical Report/Record | <input type="checkbox"/> Work Samples |
| <input type="checkbox"/> Student/Parent Input | <input type="checkbox"/> Other _____ |

<input type="checkbox"/> Yes <input type="checkbox"/> No

This impairment substantially limits one or more of the following major life activities.
 If **Yes**, specify the major life activity:

- | | | |
|---|---|--|
| <input type="checkbox"/> Caring for self (A) | <input type="checkbox"/> Seeing (D) | <input type="checkbox"/> Speaking (G) |
| <input type="checkbox"/> Performing manual tasks (B) | <input type="checkbox"/> Hearing (E) | <input type="checkbox"/> Learning (H) |
| <input type="checkbox"/> Walking (C) | <input type="checkbox"/> Breathing (F) | <input type="checkbox"/> Working (I) |

The School Section 504 Committee finds that _____

Qualifies for Section 504 protections and accommodations because the physical or mental impairment substantially limits a major life activity. (Requires a "Yes" to both questions above) **(A)**

Does not qualify for Section 504 protections and accommodations because the physical or mental impairment does not substantially limit a major life activity. **(Z)**

Reevaluation date (maximum 3 years): _____

Section 504 Meeting Participant Signatures:

School Section 504 Coordinator	Date	Parent	Date
Teacher	Date	Other/Title	Date
Student Services	Date	Other/Title	Date

Two copies of this form are required. One is for the parent, and one is to be placed in the student's section 504 folder.