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SECTION 504 ELIGIBILITY DETERMINATION FORM

Student Name		School	
Date of Birth		Date of Meeting	
Grade		Date of Next Review	

1) Has the 504 committee received and reviewed a copy documented medical, physical, or mental impairment as identified by a licensed or otherwise qualified medical, health, or clinical practitioner?

	Yes	<i>Diagnosis/Diagnoses?</i>
	No	<i>Explain.</i>

2) Specify the current, episodic, or in remission medical, physical, or mental impairment(s):

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3) Identify the major life activities impaired:

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4) Determination of whether the student as a disability under Section 504:

Instructions: Mark an "X" on the following scale to indicate the specific degree that the impairment limits the life activity, as indicated above. *Make sure the team focuses on the major life activity as a whole, not in a particular class and how it affects access to school district programs. Use most students of the same age in the general population as a frame of reference. Give consideration to other factors that may be leading to the student's impairment (i.e., change in home life).*

Note: "Substantially limits" indicates that the student is restricted in performing a major life activity as compared to most students in the general population. The 504 team may consider the condition, manner, or duration under which the student performs a particular major life activity as compared to most students in the general population. The determination of whether an impairment substantially limits a major life activity shall be made without regard to the ameliorative effects of mitigating measures, except for ordinary eyeglasses or contact lenses. "Ordinary eyeglasses or contact lenses" means lenses that are intended to fully correct visual acuity or eliminate refractive error.

	5	<i>Completely</i>	Justification for 3 or above (required):
	4		
	3	<i>Substantially</i>	
	2		
	1	<i>Negligibly</i>	

5) Mark one of the following:

Student <i>does not</i> qualify	Student <i>does</i> qualify

Note: If the team's determination was a "3" or above on the scale, the team should complete a 504 Accommodation Plan and list any accommodations that are necessary to provide equal opportunity to that provided in SCSD to same age peers without disabilities and to meet the child's educational needs as adequately as the needs of students without disabilities are met.

