

The School District of Lee County
504 INITIAL ELIGIBILITY FORM

Student Name _____ I.D.# _____ D.O.B. _____

School _____ Grade _____

Date of Parent Notice for Initial 504 Child Study Team (CST) Meeting _____

Date of Initial 504 CST Meeting to Establish Eligibility & Determine Appropriate Accommodation(s) _____

Note: The 504 CST should re-convene in approximately 6 weeks, or sooner if a concern should arise, to review the effectiveness of the student's 504 Plan/Accommodations

DETERMINATION OF 504 ELIGIBILITY:

As evidenced by documentation presented and discussed at the CST Meeting, does the student have a physical or mental condition? YES NO If yes, describe the physical or mental condition that supports the student's eligibility under Section 504:

Does the student's physical or mental condition substantially limit a major life activity (i.e. caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, etc)? YES NO Is yes, describe how the disability significantly affects the major life activity:

The CST has reviewed the files of the above named student and concludes that he/she: DOES DOES NOT meet the classification as a qualified individual under Section 504 of the Rehabilitation Act of 1973 and its Amendments.

Note: If the answer to either question above is "no", then the student is not eligible under Section 504.

INDIVIDUALS PRESENT AT THE CHILD STUDY TEAM MEETING

Parent (s): _____ Administrator: _____

Teacher (s) : _____ Equity Coord/504 Chair: _____

_____ School Counselor*: _____

_____ Psychologist*: _____

_____ Social Worker*: _____

Other: _____ Nurse*: _____

Other: _____ ESOL Representative*: _____

* Appropriate school personnel will be invited to attend the CST Meeting as determined by the school's Equity Coordinator/504 Chair

THIS FORM AND ALL FORMS RELATED TO 504 ELIGIBILITY AND/OR ACCOMMODATIONS SHOULD BE PLACED IN A PURPLE FOLDER IN THE STUDENT'S CUMULATIVE RECORD. COPIES SHOULD BE GIVEN TO THE PARENTS.