

WILSON COUNTY SCHOOLS
SECTION 504 ELIGIBILITY

INSTRUCTIONS

- A. In the spaces provided, enter the student's identifying information.
- B. **Evaluation Information:** The purpose of this section is to document the consideration of information from a variety of sources as is required by legislation. A check mark is entered in the block beside each type of information considered by the team. A copy of all information should be placed in the student's 504 folder or cumulative folder.
- C. **Eligibility Analysis:** Using the information from a variety of sources, the 504 team will answer questions and provide descriptions about the presence of a mental or physical impairment.
1. The 504 team must first establish whether there is a mental or physical impairment. A "yes" answer requires the team to indicate the data that identifies the impairment. If there is not an impairment, the team answers "no" and proceeds to the Eligibility Determination section.
 2. The 504 team must consider and indicate whether economic or environmental (CEE) factors account for the student's inadequate performance. Section 504 does not cover limitations of Major Life Activity/ Major Bodily Function (MLA/MBF) caused by CEE; however the team may want to refer such a student to the school intervention team.
 3. The 504 team describes the impairment and determines whether or not the impairment is temporary, episodic, intermittent or in remission by checking "yes" or "no". A "yes" answer is followed by a description of the impairment.
 4. The 504 team will answer "yes" or "not" to whether or not the impairment substantially limits a MLA/MBF. If "no", proceed to the Eligibility Determination section. If "yes", (1) indicate the MLA/MBF. (2) describe how and to what degree the MLA/MBF is limited and (3) indicate whether the impairment is negligible, mild/moderate, substantial or severe.
 5. The 504 team must consider whether or not the student is substantially limited in a MLA/MBF. If "yes", proceed to the Eligibility Determination section. If "no", then the team should consider whether or not the lack of a substantial limitation is due to the corrective effects of any mitigating measure(s) the student may be using (1) indicating the mitigating measure, (2) describing the extent of the limitation prior to use of mitigating measures and (3) indicating whether the impairment is negligible, mild/moderate, substantial or severe.
- D. **Eligibility Determination:** The 504 team will choose the appropriate eligibility option based on the evaluation information. Students who are struggling, but deemed to not have a substantial impairment may need to be referred to the school intervention team. Students with a temporary transitory impairment that does not meet the criteria for 504 may still be eligible for a temporary EEOP if they have a substantial impairment expected to last no more than six months such as a broken arm, a fractured knee, an appendectomy, etc. Minor, short-term illnesses such as the flu, laryngitis, etc., do not meet the criteria for a transitory impairment. If a student has a substantial impairment that is being effectively addressed by a mitigating measure (medication, etc.), he/she may be identified as 504

eligible, but not need an EEOP. If it is determined that the student is Section 504 eligible, the team develops an EEOP.

- E. **Team Signatures/Titles:** Each individual participating in the eligibility determination process must sign the eligibility document, indicate their position (teacher, parent, etc.) and indicate the date. If the eligibility determination required two or more meetings, indicate in meeting notes that certain individuals attended earlier meetings, but did not participate in the meeting at which eligibility decision was made.
- F. **Parental Notice:** After an eligibility decision has been reached, provide the parent(s) with an opportunity to sign the completed Notice of Eligibility form, provide the parent(s) with a copy of the completed Section 504 Eligibility document and the *Parent's Notice of Section 504 Rights*, dating when provided. If the parent(s) elect(s) to not sign or is/are not present to sign the document, note such at the bottom of the document and date when the *Parent's Notice of Section 504 Rights* was provided.

GENERAL INFORMATION

In order to qualify as having a disability in learning under Section 504, a student must 1) have a physical or mental impairment that 2) substantially limits his learning. If a student is in need of specially designed instruction because his handicapping condition is interfering with his learning, the student should be referred for evaluation, identification and placement as a special needs student under the IDEA. According to a Joint Policy Memorandum from the US Department of Education issued in 1991, it is possible that a student who does not qualify as disabled under IDEA may still qualify as disabled in his/her learning under Section 504. Following this reasoning, if a student has a physical or mental impairment that is significantly limiting his learning, does not require specially designed instruction to benefit educationally, but does require reasonable but substantial modifications of the regular education classroom or curriculum in order to have the same access to an education as non-handicapped students, then he/she is entitled to a Section 504 plan. If a student has a physical or mental impairment, but does not need modifications to the regular classroom or curriculum greater than what is normally provided to students, then he is not entitled to have a Section 504 plan.

Federal law and regulations do not define the term "substantially limits." The Office for Civil Rights has issued an opinion letter, which leaves to the local school district the determination of whether a particular impairment substantially limits a major life activity. OCR has made it clear, however, that simply having a diagnosis of ADD or ADHD does not in itself establish that a student is disabled under Section 504.

**WILSON COUNTY SCHOOLS
SECTION 504 ELIGIBILITY**

Name _____ School _____

Student ID# _____ DOB _____ Grade _____

Evaluation Information (Check boxes that apply; 34 CFR G.S.104.35(c))

- | | | |
|--|---|---|
| <input type="checkbox"/> *Psychological Evaluation
or (*either required*) | <input type="checkbox"/> Scholastic Record (required) | <input type="checkbox"/> Teacher input (required) |
| <input type="checkbox"/> *Physician's Report | <input type="checkbox"/> CHART (if available) | <input type="checkbox"/> Work Samples |
| <input type="checkbox"/> Report Card (required) | <input type="checkbox"/> Standardized Test Results | <input type="checkbox"/> Parent Information) |
| <input type="checkbox"/> Social/Developmental History | <input type="checkbox"/> Discipline History | <input type="checkbox"/> Observation data |
| <input type="checkbox"/> Curriculum-based assessments | <input type="checkbox"/> Other _____ | |

(Copies of checked evaluations, reports, etc. are maintained in the student's Section 504 folder)

Eligibility Analysis

1. **Does the student have a mental or physical impairment?** (check one) **No** (if "no", go to Eligibility Determination section) **Yes** (if "yes", identify the impairment and supporting data)

2. **Does culture, economics or environment (CEE) account for limitations in a Major Life Activity/ Major Bodily Function (MLA/MBF)?** (check one)
 No (if "no", go to next item) **Yes** (if "yes", describe why CEE limits a MLA/BF and go to Eligibility Determination section)

3. **Describe the impairment(s)** _____

- A. **Is the impairment temporary** (less than 6 months)?* **No** **Yes** (if "yes", describe frequency, intensity or expected duration; consider if transitory instead of 504) _____

- B. **Is the impairment episodic, intermittent or in remission?** **No** **Yes** (if "yes", describe frequency, intensity or expected duration) _____

4. **Does the impairment limit a MLA/MBF?** **No** (if "no", go to Eligibility Determination section)
 Yes (If "yes", complete the Student Learning Questionnaire and then answer the following: Describe how and the degree to which the impairment limits MLA/MBF (check one) _____

- Negligible Mild/Moderate Substantial Severe

5. **In terms of frequency, intensity and duration, does the impairment, when in an active state, substantially limit a MLA/MBF when compared to how the average, non-disabled student performs the same MLA??** (check one)
 No (if "no", respond to the following:) **Yes** (if "yes", go to Eligibility Determination section)

A. Is the student using any measures or modifications (mitigating measures) to reduce or control the effect of the impairment? No Yes (if "yes", describe mitigating measures)

B. Describe the extent to which a MLA/BF most likely would be limited if the student was not using a mitigating measure (check one) _____

Negligible Mild/Moderate Substantial Severe

C. Summarize supporting evaluation information _____

Eligibility Determination

Based on analysis of the evaluation data, does the student have a disability that substantially limits a major life activity?

_____ **No**, the student is not eligible

If not eligible due to the impairment being of too short duration, does this student meet the criteria for a transitory impairment (not 504)?

_____ **No**, there is no substantial impairment

_____ **Yes**, the substantial impairment is expected to be for less than 6 months. Although the student does not qualify for a Section 504 EEOP, a temporary EEOP will be implemented to meet his/her temporary needs.*

_____ **Yes**, the student is Section 504 eligible but does not require an Equal Education Opportunity Plan (EEOP) since current educational practices are meeting his/her needs because (1) of the corrective effects of mitigating measures or (2) the impairment is episodic or in remission.

_____ **Yes**, the student is Section 504 eligible and requires an EEOP.

**An impairment is transitory if it has an actual or expected duration of 6 months or less with no substantial long-term effects. Examples of transitory impairments are things such as a broken arm, a fractured knee, an appendectomy, etc. Minor, short-term illnesses such as the flu, laryngitis, etc. do not meet the criteria for a transitory impairment.*

Team Signatures/Titles	Date

Copy of this Section 504 Eligibility document and the <i>Parent's Notice of Section 504 Rights</i> provided to the parent/guardian	
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**WILSON COUNTY SCHOOLS
STUDENT LEARNING QUESTIONNAIRE**

Name _____ **School** _____

Student ID# _____ **DOB** _____ **Grade** _____

Listed below are a number of factors that should be considered in determining whether a student's physical or mental impairment substantially limits his learning. Generally, there must be multiple indicators of difficulty to show a substantial limitation.

1. Has the student demonstrated a consistent need for substantially more time to complete homework assignments than is required by non-handicapped students?
YES ____ **NO** ____
2. Has the student demonstrated a consistent need for substantially more time to complete in-school assignments than is required by non-handicapped students?
YES ____ **NO** ____
3. Is modified testing consistently necessary for the student to be able to demonstrate knowledge?
YES ____ **NO** ____
4. Does the student exhibit frequent behaviors (drowsiness, impulsivity, inattentiveness, aggressiveness, etc.) associated with an identified physical or mental impairment and do these behaviors significantly interfere with school performance? (If "Yes", describe)
YES ____ **NO** ____
5. Does the student exhibit significant difficulty with planning, organization and execution of school-related activities and assignments?
YES ____ **NO** ____
6. Is the student chronically absent or tardy for reasons related to a diagnosed physical or mental impairment and are such absences or tardiness interfering with his school performance?
YES ____ **NO** ____
7. Has the student experienced a steady decline in academic performance for which there is no known cause other than the diagnosed physical or mental impairment?
YES ____ **NO** ____
8. Has the student experienced a steady increase in disciplinary interventions for, which there is no known cause other than the diagnosed condition?
YES ____ **NO** ____
9. After at least two intervention strategies have been implemented in regular education, does the student still exhibit significant learning difficulties?
YES ____ **NO** ____
10. Are there other indicators that this student's physical or mental impairment substantially limits his learning? (If "Yes", describe) **YES** ____ **NO** ____

**WILSON COUNTY SCHOOLS
EQUAL EDUCATION OPPORTUNITY PLAN**

INSTRUCTIONS

- A. In the spaces provided, enter the student's identifying information.
- B. Check whether the EEOP is for a Section 504 eligible student or a temporary plan for a student with a transitory impairment expected to last no more than six months such as a broken arm, a fractured knee, an appendectomy, etc
- C. **School and Classroom Accommodations:** Based on data collected in the Student Learning Questionnaire and evaluation of needs, determine and document specific accommodations the student requires in order to have an equal opportunity to benefit from classroom instruction, programs and activities, etc. Also indicate where the accommodation will take place (classroom, bus, physical education, etc.) and who will be responsible.
- D. **State and Local Option Testing:** Based on information collected in the Student Learning Questionnaire and evaluation of needs, the 504 team will indicate accommodations for state and local testing. Keep in mind that state assessment rules typically require that accommodations be routinely used in the instructional program prior to state standardized testing as a condition for them to be used on state assessments.
- E. **Team Signatures/Title:** Each individual participating in the eligibility determination process must sign the EEOP, indicate their position (teacher, parent, etc.) and indicate the date. If the development of the EEOP required two or more meetings, indicate in meeting notes that certain individuals attended earlier meetings, but did not participate in the meeting at which the EEOP was finalized.
- F. **Parental Notice:** After the EEOP details are documented, provide the parent(s) with an opportunity to sign the completed EEOP, provide the parent(s) with a copy of the completed EEOP document and the *Parent's Notice of Section 504 Rights*, dating when provided. If the parent(s) elect(s) to not sign or is/are not present to sign the document, note such at the bottom of the document and date when the *Parent's Notice of Section 504 Rights* was provided.
- G. **Reviews:** Section 504 does not require an annual review; however, it is a best practice and expectation in Wilson County Schools for the EEOP to be reviewed at least annually and more often if needed. At the conclusion of the annual review, meeting participants should initial and date the spaces provided.
- H. **Copies:** Make sure the student's teachers receive a copy of the EEOP so accommodations can be implemented.

WILSON COUNTY SCHOOLS Equal Education Opportunity Plan

Name _____ Disability _____ School _____

Student ID# _____ DOB _____ Grade _____

Teacher(s) _____

Check one:

	This student has been found to be Section 504 eligible and requires the following accommodations based on evaluation information that is documented on the Section 504 Eligibility form.
	This student has been found to have a transitory impairment and requires the following temporary accommodations based on evaluation information that is documented on the Section 504 Eligibility form.

School and Classroom Accommodations (use an additional page as needed)

(facility accessibility, teaching strategies, organization, transportation, health/safety, related services, etc.)

Check here to indicate there are attachments

Accommodation	Setting	Individual Responsible
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

State and Local Option Testing (*Check all applicable*)

Before implementing accommodations on state and local option assessments, the accommodations must have been routinely used in the instructional program.

<input type="checkbox"/> Braille/Braille Writer	<input type="checkbox"/> Student Reads Test Aloud to Self	<input type="checkbox"/> Marks in Test Book
<input type="checkbox"/> Large Print	<input type="checkbox"/> Administrator Reads Test Aloud	<input type="checkbox"/> Hospital/Home Testing
<input type="checkbox"/> Crammer-Abacus	<input type="checkbox"/> Assistive Technology Devices. Specify: _____	
<input type="checkbox"/> Dictation to Scribe	<input type="checkbox"/> Multiple Testing Sessions. Specify: _____	
<input type="checkbox"/> Interpreter/Transliterator	<input type="checkbox"/> Extended Time. Specify: _____	
<input type="checkbox"/> Magnification Devices	<input type="checkbox"/> Separate Room Testing. Specify: _____	
<input type="checkbox"/> Keyboarding Devices	<input type="checkbox"/> Special NCDPI Approved. Specify: _____	

Team Signatures	Title/Position	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parental Notice

I participated in the development of this EEOP and have received a copy of the *Section 504/ADA Student and Parents' Rights*.

Parent Signature	Date
_____	_____

If parent was not present, document the date *Section 504/ADA, Student and Parents' Rights* was sent to the parent.

Review(s)

(Reviews should be done at least annually)

EEOP Changes (Use separate page if necessary)	Setting	Individual Responsible
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Initial/date	Initial/date	Initial/date	Initial/date	Initial/date	Parent Initial/date*
_____	_____	_____	_____	_____	_____

EEOP Changes (Use separate page if necessary)	Setting	Individual Responsible
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Initial/date	Initial/date	Initial/date	Initial/date	Initial/date	Parent Initial/date*
_____	_____	_____	_____	_____	_____

*** I participated in the development of this EEOP and have received a copy of the *Section 504/ADA Student and Parents' Rights*.**

- Copies: Parent(s)
 Teachers
 Cumulative folder