Eastmont School District  
Section 504: Eligibility Statement  

Student Name: ___________________________________ Today’s date: ____________

School: _____________________________________________ Grade: ____________

Based on the eligibility team’s findings, answer the following questions.

1. Does the student have a documented impairment?  □ Yes   □ No
   
   If “yes”, what is the impairment? ____________________________________________

2. Does the student’s documented impairment *substantially limit* one or more major life activity?  □ Yes   □ No
   
   If “yes” which of the following major life activities is being *substantially limited* by the disability or handicap?
   
   □ Learning   □ Seeing   □ Hearing   □ Breathing   □ Caring for Self
   □ Walking   □ Speaking   □ Working   □ Standing   □ Lifting
   □ Bending   □ Eating   □ Sleeping   □ Reading   □ Communicating
   □ Working   □ Thinking   □ Performing manual tasks   □ Concentrating
   □ Operation of a major bodily function (specify below) or   □ Other

   Other (describe) __________________________________________________________

   __________________________________________________________

3. Is the student unable to access the programs and services of the school district as adequately as non-disabled students because of his/her disability?  □ Yes   □ No

   - If Questions 1-3 were answered “YES”, the student is eligible for a Section 504 Accommodation Plan. The eligibility team is to proceed to the Accommodation Plan.

   - If, however, the eligibility team answered “NO” to any of the questions above, the student is NOT eligible. If the student is not eligible, conclude the meeting by documenting the team’s rationale in the space below.

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