HADDONFIELD PUBLIC SCHOOLS

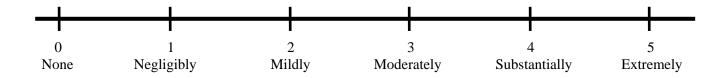
DETERMINATION OF 504 ELIGIBILITY

Name:		Stu	dent ID #:	
School Specif	l: y the mental or physical impa	Gra irment:	de:	
<u>A.</u>	Information Used to Determ this form)	ne Eligibility	: (Check blocks that apply;	attach copies of checked items to
() Ph	nysician's Report	() Remed	iation Plan (If available)	() Parent Information
() Re	eport Card (Required)	() Scholas	stic Record	() Work Samples
() S	tate Assessment Results	() Attenda	ance/Tardiness	() Other
is	is not cau	sed by cultural	I, economic and environmen	c and/or behavioral performance tal circumstance g manual tasks, seeing, hearing,
eating,	life activities include, but are no sleeping, walking, standing, lift unicating, working, and operation	ing, bending, s	speaking, breathing, learning	g manual tasks, seeing, hearing, g, reading, concentrating, thinking,
<u>B.</u>	Does the Disability Substant	ally Limit the	eMLA?	
1.	YES NO Does the s	tudenmt have	a diagnosed physical or men	ntal impairment?
2.	YES NO Has the str homework assignments and in indicate the types of assignme required for each type.	school assign	ments than is required by no	
3.	YES NO Is modified knowledge? If yes, indicate the required.			
4.	YES NO Does the inattentiveness, or aggressiven medication and do these behave behavior and how they significant	ess, associated iors interfere v	l with an identified physical with school performance? If	

- 5. YES ____ NO ___ Does the student exhibit significant difficulty in planning, organization and execution of school-related activities and assignments?
- 6. YES_____ NO____ Is the student chronically absent or tardy for reasons related to a diagnosed physical or mental impairment and are absences or tardies interfering with school performance? If yes, indicate the number of absences during the previous school year _____ and in the current school year ______.
- 7. YES____ NO___ Has the student experienced a steady decline in academic performance?
- 8. YES____ NO___ Has the student experienced a steady increase in disciplinary interventions for which there is no known cause other than the diagnosed condition?
- 9. YES____ NO ____ After at least two intervention strategies have been implemented in regular education, does the student still exhibit signficant learning difficulties?
- 10. YES____NO____ Does the student have a physical or psychological impairment(s) that impair his/her ability to access school programs or meet school related requirements.?

C. Substantially Limited

- Only one activity need be affected
- Impairment that is eposodic or in remission is a disability of it meets the test when active
- "Substantially limited" is determined without regard to mitigating measures (medication, medical equipment, prosthetics, hearing aides etc.
- "Substantially limited" is determined without regard to reasonable accommodations, use of assitive technology, auxiliary aides or servicies, or learned behavioral or adaptive neurological modifications.
- <u>D.</u> Place an "X" on the following scale to indicate the specific degree that the impairment limits the major life activity.
- Make sure that the team focuses on the major life activity as a whole (e.g. learning), not in a particular class or subject or for a particular sub-area (e.g. socialization).
- Discount from the analysis sub-par performance due to other factors, such as normal moods, lack of motivation, and the immediate situation or environment.
- Use the average student in the general population as the frame of reference for purpose of comparison.



If the team's determination was 4 or 5, the team should determine and list on the accommodation plan the specific accommodations that are necessary for that child to have opportunity commensurate with non-disabled students (at the same age) in the district.									
Eligibility Determination:	(student name)	is	is not Section 504 Eligible						

Date of Meeting:

If student is not eligible summarize the reasons below:

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Form C Page 4 of 6	Date of Meeting:		
Student's Name:	School:		
School and Classroom Accomodations	Including State/Local Testing Program (use separate page if necessary)		

Form C Page 5 of 6 Student's Name:			Date of Meeting:School:			
Student s Name.			School.			
Team Signatures	Date/_	/	Title	Agree	Disagree*	
		<u> </u>	504 Case Manager			
			School Counselor			
			Principal/Asst. Principal			
			Classroom Teacher			
			Child Study Team Representative			
			Nurse			
			Teacher			
		_	Teacher			
			Parent			
			Parent			
		_	Student			
			Other			
		_	Other			
* Attach a statement of d	issent					
Plan Type: () Initial	()	Reevalu	ation () Other			
I have participated in the	development of this	s plan and	have received a copy of the Notice of	of Section	n 504 Rights.	
Parent Signature			/	. <u> </u>	/ nitial/Date	
		sility Maa		ite III	ittiai/Date	
I agree/disagree with the	results of this eligit	onity wiee	ung.			
() Annual Review Initial	/Date Initial/Date	_/ Initia	//Date Initial/Date			
() Annual Review	/	/	/			

Initial/Date

Initial/Date

Initial/Date Initial/Date

In accordnace with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 the Haddonfield Public School District provides you as the parent or guardian, with the following procedural safeguards in relation to your child.

- 1. You have a right to receive a copy of this notice upon the district's identification, evaluation, refusal to provide an evaluation, educational placement, denial of educational placement and any significant change in said placement of your child.
- 2. You have the right to an evaluation of your child if the district has reason to believe that your child has a mental or physical impairment that substantially limits learning or some other major life activity.
 - a)before the initial placement
 - b) before any subsequent significant change in placement
- 3. You have the right to an opportunity to examine all relevant records for your child.
- 4. You have the right to an impartial hearing, with participation by you and representation by counsel, concerning the identification, evaluation, or educational placement of your child.
- 5. You have the right to appeal the final decision of the impartial hearing officer to a court of competent jurisdiction.

Copies: Parents

Teachers 504 Folder