

Ramapo Indian Hills Regional High School District

131 Yawpo Avenue
Oakland, New Jersey 07436

Ramapo High School (201) 891-1500

Indian Hills High School (201) 337-0100

Eligibility Determination Form

Name:

DOB:

Parent/Guardian:

Telephone:

School:

Grade:

Date:

Description of the problem/concern:

Most recent testing results:

Data Reviewed:

Determination of Eligibility

1. Is there documentation of a disability?

Yes ____

No ____

2. If there is documentation, what is the disability?

3. How is this documented?

4. If there is a documented disability or impairment, does that disability or impairment substantially limit a major life activity?

Yes ____

No ____

5. Check the major life activities substantially limited by the disability or impairment:

Walking ____ Seeing ____ Hearing ____ Speaking ____
Breathing ____ Learning ____ Reading ____ Writing ____
Other (specify) _____

6. Does this student require reasonable accommodations so that the major life activity is no longer substantially limited? Yes ____ No ____

Determination Analysis:

In determining Eligibility for a 504 Accommodation plan, there must be a determination of a disability **and** a determination that the disability substantially limits a major life activity that the average student of approximately the same age can perform.

In reviewing the Determination Questions, “No” answers or no items checked indicate that there is No Documented Disability.

Discount from this analysis any sub-par performance due to other factors, such as lack of motivation and the immediate situation or environment. Similarly, make an educated estimate of the mitigation of medication. Use the average student in the general population as the frame of reference for comparison.

After analyzing all information, determine the student’s eligibility and check **one** box below:

____ The student **does not** have a disability which substantially limits one or more major life activities

____ The student has a disability which **does not** substantially limit one or more major life activities. Identify the disability and describe how it does not substantially limit one or more major life activities:

____ The student **does** qualify as a disabled individual under Section 504 of the Rehabilitation Act of 1973. Identify the disability and describe how it substantially limits one or more major life activities:

Eligibility and Accommodations to be reviewed _____.

Signature of Participants in Section 504 Determination:

Name	Title	Signature	Date

Parent Notice and Signature:

I have been informed and received notice of the 504 Eligibility Determination and have received Section 504 information and procedural safeguards.

Parent Signature _____ Date _____