Monongalia County Schools
504 Student Eligibility/Identification Form

Student: _____ID #: _____Date of Meeting: _____

Date of Birth: _____ Referred By: _____School: _____Grade: _____

Case Manager/Teacher: _____ Parent/Guardian:_____

Address: _____ Home #: _____Cell #: _____

Information/evaluation data reviewed and considered for eligibility consideration (attach supporting documentation to this form): _____
_____

Is there documentation of a physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following but not severe enough to warrant specially designed instruction/special education at this time? **____Yes** **____No**

____Neurological	____Musculoskeletal	____Sense Organs (e.g., hearing, seeing, smelling)
____Respiratory Organs	____Speech Organs	____Cardiovascular
____Bowel/Bladder	____Digestive	____Genetic Disorder/Syndrome
____Hemic & Lymphatic	____Skin	____Communicable Disease
____Endocrine	____Immune System	____Other: _____

Is there documentation of a mental or psychological disorder that has been determined not severe enough to warrant special education at this time? **____Yes** **____No**

____Attention Deficit Disorder	____Autism Spectrum	____Social Maladjustment
____Emotional/Mental Health Diagnosis	____Cognitive/Learning Disability	____Other _____

If there is no medical/ mental diagnosis, is there sufficient history and documentation to establish the individual is "regarded as having impairment"? **____Yes** **____No**

Explain: _____

Are there limitations in one or more of the following life activities (ADA Amendments Act of 2008)?

___Seeing	___Hearing	___Breathing	____Caring for Oneself
___Eating	___Bending	___Sleeping	____Speaking
___Lifting	___Standing	___Thinking	____Performing Manual Tasks
___Walking	___Reading	___Learning	____Communicating
___Concentrating	___Working	Other: _____(specify)	

How long is impairment expected to affect student? _____
Is there sufficient information /data to document impairment? ___Yes or ___No
Does the student have or is the student perceived as having a physical or a mental impairment? ___Yes or ___No
Does this impairment or perceived condition substantially limit a major life activity (disregard mitigating measures such as medication and hearing aids. Effects of glasses and contact lenses may be considered?) ___Yes or ___No
Answer to above 3 questions must be "Yes" for the student to be eligible: ____Eligible ____Not Eligible
Condition is: ___Episodic (plan in effect when condition is active) ___In remission (reconsider planning if returns)

Committee Signatures (Minimum of 3 Professional Staff): Title: Date:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does the student require a health care plan? ___Yes or ___No. If so, contact school nurse. 7/23/2015