

JORDAN SCHOOL DISTRICT
504 ELIGIBILITY SUMMARY

Please submit completed form to the District 504 Compliance Officer

Student's Name _____ Grade _____ Date _____
School _____ Birthdate _____ Track ____ Sex: ____ M ____ F
Parent(s) _____
Home Phone _____ Work Phone _____
School Contact Person _____
Position _____

Eligibility for 504 Assistance

- _____ The student has a physical or mental impairment which substantially limits one or more major life activities.
_____ The student has a record of such impairment.
_____ The student is regarded as having such an impairment.

Check Areas that Apply:

- | | |
|-------------------------------|-------------------|
| _____ Caring for one's self | _____ Speaking |
| _____ Performing manual tasks | _____ Breathing |
| _____ Walking | _____ Learning |
| _____ Seeing | _____ Working |
| _____ Hearing | _____ Other _____ |

Evaluation Summary (describe the basis for determining the handicap):

Suggested Accommodations (please check anticipated areas of need and justify):

- _____ Access (describe) _____
_____ Facilities (describe) _____
_____ 17-Hour Aide (describe areas of need) _____
_____ Supplies/Equipment (describe) _____

Occupational Therapy _____
 Physical Therapy _____
 Interpreter _____
 Other (specify) _____

Anticipated Duration of Time Accommodation will be Needed:

Temporary (specify) _____
 Long-term (specify) _____

Do Accommodations Require Additional Resources:

Yes—Review with 504 Compliance Officer
 No—Develop and Implement Accommodation Plan

Additional Comments:

Accommodations Reviewed with 504 Compliance Officer

Additional information requested _____
 Approved
 Approved with the following modifications: _____
 Denied. Rationale: _____