

SECTION 504 STUDENT IDENTIFICATION
AND ELIGIBILITY

Page 1 of 2

<input type="checkbox"/> Initial Section 504 Meeting	Annual Review Meeting Date: _____
Name: _____	Meeting Date: _____
Last Name First Middle	
Primary Language: _____	Grade: _____ Student ID #: _____
Date of Birth: _____	Age: _____ Male _____ Female _____
Address: _____	
Street Apt. # City Zip Code	
Telephone: (Home) _____ (Work) _____ (Cell) _____	
School of Attendance: _____	

1. Describe the physical or mental impairment and the basis for the determination of the impairment:

2. Describe how the physical or mental impairment substantially limits a major life activity and the major life activity impacted by the impairment:

3. _____ Student meets eligibility requirements under Section 504
_____ Student does not meet eligibility requirements under Section 504

***Note: Do not complete if this is an annual Section 504 review meeting..**

White — School Canary — Student Services Pink — Parent

**SECTION 504 STUDENT IDENTIFICATION
AND ELIGIBILITY**

4. Describe any accommodations implemented to date:

_____ I have received the "MDUSD Section 504 Notice of Parent/Guardian and Student Rights" and the MDUSD Board Policy 6164.6.

_____ I agree with the determination noted above.

_____ I do not agree with the determination noted above and understand that I have rights set forth in the Procedural Safeguards provided to me.

Parent/Guardian Signature: _____ Date: _____

Signature of others participating in the Section 504 Team Meeting:

Administrator/Designee: _____ Date: _____

Teacher(s): _____ Date: _____

_____ Date: _____

Student: _____ Date: _____

Others:	Title	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

***Note: Do not complete if this is an annual Section 504 review meeting.**