

Wenatchee School District #246
504 Student Eligibility Determination Form (SS-2008-2)

Student Name _____ **Date of Meeting:** _____

DOB: _____ **School:** _____ **Grade:** _____

1. Describe the nature of the concern: _____

2. What is the student's mental or physical disability? _____

3. Describe the basis for the determination of disability: _____

4. Describe the educational impact of the disability on the student: _____

5. The student is eligible under Section 504? Yes: _____ No: _____

If no, Team recommendations: _____

If yes, recommended accommodations/services: _____

<u>PARTICIPANTS' NAMES</u>	<u>TITLE</u>	<u>SIGNATURE</u>	<u>DATE</u>
	Principal		
	Counselor		
	Classroom Teacher		
	Parent		