

504 ELIGIBILITY MEETING AGENDA \_\_\_\_\_ (DATE)

STUDENT \_\_\_\_\_

SCHOOL \_\_\_\_\_

\_\_\_\_\_ **MEETING INVITATION** (Obtain signed meeting invitation to proceed)

\_\_\_\_\_ **STATE PURPOSE OF MEETING: INITIAL ELIGIBILITY** – determine if the student is an individual with a physical or mental impairment that substantially limits a major life activity (eligibility criteria under Section 504 of the Rehabilitation Act of 1973).

\_\_\_\_\_ **INTRODUCE ALL PARTIES PRESENT**

\_\_\_\_\_ **ASSIGN SOMEONE TO COMPLETE THE 504 MEMORANDUM OF CONFERENCE FORM.**

\_\_\_\_\_ **COMPLETE 504 STUDENT ELIGIBILITY FORM** – as the team considers all components of eligibility, ensure all necessary team members are present to address student’s needs (health concerns – nurse; dietary concerns – nutrition coordinator or nurse; bus issues – transportation representative).

**IF ADDITIONAL INFORMATION IS NEEDED**

\_\_\_\_\_ Initiate an evaluation. Secure consent for initial evaluation or release of information in order to communicate with student’s physician.

\_\_\_\_\_ Present 504 Notice of Parental Rights and obtain signature. **(STOP HERE and reconvene once all evaluations have been completed and/or pertinent information has been collected.)**

**IF NOT ELIGIBLE**

\_\_\_\_\_ Complete recommendations back to student assistance team as part of the 504 Student Eligibility Form.

\_\_\_\_\_ Complete 504 Prior Written Notice.

\_\_\_\_\_ Present 504 Notice of Parental Rights and obtain signature.

**IF ELIGIBLE**

\_\_\_\_\_ Complete **ALL** sections of 504 Student Accommodation Plan (A or B).

- Describe the disability and how it impacts the student’s education.
- Identify accommodations needed to “level the playing field” and prevent discrimination.
- Indicate person(s) responsible for each accommodation.
- Indicate whether or not a health plan is needed.
  
- IF HEALTH PLAN IS NEEDED – Ensure school nurse is present to assist.
- IF MEAL PLAN SUBSTITUTIONS ARE NEEDED – Ensure knowledgeable staff member is present to assist in meal plan development.
- IF SPECIALIZED TRANSPORTATION ACCOMMODATIONS ARE NEEDED – Ensure transportation staff member is present to assist in bus accommodations.
  
- Document emergency contact information.
- Identify any training needs, if applicable.
- Identify specialized materials/equipment, if needed.

\_\_\_\_\_ Complete Testing Accommodations page(s), if applicable.

\_\_\_\_\_ Complete 504 Prior Written Notice.

\_\_\_\_\_ Present 504 Notice of Parental Rights and obtain signature.

\_\_\_\_\_ Disseminate 504 Plan to all appropriate staff and obtain signature of receipt.