



GUAM DEPARTMENT OF EDUCATION
SECTION 504 OF THE REHABILITATION ACT OF 1973
FORM E: ELIGIBILITY AND/OR RE-EVALUATION

STUDENT NAME:	STUDENT #:	SCHOOL NAME:
DATE OF BIRTH:	GRADE:	DATE OF ELIGIBILITY:

Sources of evaluation information (indicate each one used):

- | | | |
|--|--|--|
| <input type="checkbox"/> Aptitude and/or achievement tests | <input type="checkbox"/> Teacher input | <input type="checkbox"/> Special education records |
| <input type="checkbox"/> Adaptive behavior | <input type="checkbox"/> Parent input | <input type="checkbox"/> Medical information |
| <input type="checkbox"/> Grades | <input type="checkbox"/> Student input | <input type="checkbox"/> Psychological evaluations |
| <input type="checkbox"/> Attendance | | |
| <input type="checkbox"/> Other (specify: _____) | | |

1. The student has/'has a record of/'is regarded as having' a physical or mental impairment or has a record or is regarded, which substantially limits one or more of his/her major life activities. ☐ YES ☐ NO

2. Specify the mental or physical *impairment* _____

3. The major life activity/activities that are affected: *(Please check all that are applicable.)*

- | | | |
|---------------------------------------|---------------------------------|---|
| <input type="radio"/> Caring for Self | <input type="radio"/> Walking | <input type="radio"/> Hearing |
| <input type="radio"/> Seeing | <input type="radio"/> Breathing | <input type="radio"/> Speaking |
| <input type="radio"/> Working | <input type="radio"/> Learning | <input type="radio"/> Performing Manual Tasks |
| <input type="radio"/> Concentrating | <input type="radio"/> Thinking | <input type="radio"/> Other (Specify: _____) |

4. Is the student identified for Section 504 accommodations? ☐ YES ☐ NO

5. Document the basis for determining the disability:

Eligibility Team Members: *(Print and Sign Name)*

<i>Parent/Guardian:</i>	<i>Administrator/Designee</i>
<i>Classroom Teacher:</i>	<i>Classroom Teacher (if applicable):</i>
<i>Section 504 Site Coordinator:</i>	<i>District 504 Coordinator (if required to attend):</i>
<i>Other Member (Indicate Position)</i>	<i>Other Member (Indicate Position)</i>
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