



**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):

Aptitude and/or achievement tests       Teacher input       Special education records  
 Adaptive behavior       Parent input       Medical information  
 Grades       Student input       Psychological evaluations  
 Attendance  
 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.*)  
 Caring for Self  Walking  Hearing  
 Seeing  Breathing  Speaking  
 Working  Learning  Performing Manual Tasks  
 Concentrating  Thinking  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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