

Centennial School District No. 12
4707 North Road
Circle Pines, MN 55014-1898

**ANNUAL 504 ASSESSMENT DATA
AND ELIGIBILITY STATEMENT**

Referral Date: _____

Learner's Name: _____ Birth Date: _____ Grade: _____ Building: _____

Parent/Guardian: _____ Address: _____

Telephone: _____

Assessment Results: (Include aptitude and achievement testing, teacher reports, adaptive behavior, educational history, classroom performance, medical data, socio-cultural information, and formal medical diagnosis attached.)

Eligibility Statement:

The learner is NOT identified as having a physical or mental disability, which substantially limits life activities.

The learner HAS a physical or mental disability, or is regarded as having such, which substantially limits the following major life activities: (check all that apply)

- caring for self speaking walking performing manual tasks breathing learning
 seeing hearing working

current (within a year) formal medical diagnosis attached (cannot proceed without).

How does the disability affect major life activities:

Signatures/Titles of Team Members:

Date of Eligibility Team Meeting: _____

Parent/Guardian Signature: _____

Physician's Signature _____ Date _____