

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 \_\_\_\_\_