

SECTION 504/ADA CODES AND DATA ENTRY FORM

Student Name:

Student ID:

Date:

Instructions for TERMS A23 Entry: (Turnaround time for data entry no more than 24-48 hours)

Type = L Code = 504 Code with a Letter
F9 = Enter Appropriate Dates*

PS (Placement Status) = P (Placed) or I (Ineligible)
PC (Parent Consent) = Y (Yes) or N (No)
Field 504: Y (Yes) or N (No)



NEVER USE THE EXCEPTIONALITY FIELD:
INCORRECT ENTRY- TYP/CODE **CORRECT ENTRY – TYP/CODE**
 L 26 F ❌ L 26F ✔️

SECTION 504 ELIGIBILITY CODES	*Enter the appropriate dates into corresponding fields in TERMS on the A23 Panel (F9)		
<input type="checkbox"/> Code 25 (with a letter): NO Accommodation Plan <input type="checkbox"/> Code 26 (with a letter): Accommodation Plan <input type="checkbox"/> Code 29 (with a letter): NOT 504 Eligible* <i>*504 Eligibility meeting held, and student is not eligible</i>	INITIAL ELIGIBILITY MEETINGS ONLY (AND WHEN ADDING AN ADDITIONAL ELIGIBILITY)		
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> Z: Allergies Y: Arthritis X: Asthma W: ADHD* <i>fka – ADD/ADHD</i> V: Cancer U: Cardiovascular Disorder T: Diabetes S: Eating Disorders R: Hearing Impaired Q: Hemophilia P: Kidney Disease O: Neurological Disorders </td> <td style="width: 50%; vertical-align: top;"> N: Orthopedic Disorders M: Psychological Disorders* <i>fka Psychosocial Disorders</i> L: Respiratory Disorders K: Sickle Cell Disorders J: Vision Impaired I: Other Disabilities H: Seizure Disorders G: Digestive Disorder F: Anxiety Disorder *E: Learning Disorder - NEW </td> </tr> </table>	Z: Allergies Y: Arthritis X: Asthma W: ADHD* <i>fka – ADD/ADHD</i> V: Cancer U: Cardiovascular Disorder T: Diabetes S: Eating Disorders R: Hearing Impaired Q: Hemophilia P: Kidney Disease O: Neurological Disorders	N: Orthopedic Disorders M: Psychological Disorders* <i>fka Psychosocial Disorders</i> L: Respiratory Disorders K: Sickle Cell Disorders J: Vision Impaired I: Other Disabilities H: Seizure Disorders G: Digestive Disorder F: Anxiety Disorder *E: Learning Disorder - NEW	CONSENT: _____ <i>Date Initial Eval Consent Rec'd</i> EVAL: _____ <i>Initial Eligibility Meeting Date</i> ELIG/INELIG: _____ <i>Initial Eligibility Meeting Date</i> PLACED: _____ <i>Initial Eligibility Meeting Date</i> <i>(DO NOT LIST PLACED DATE IF THE STUDENT IS NOT ELIGIBLE FOR SECTION 504)</i> PLAN: _____ <i>Accommodation Plan Date (DO NOT LIST PLAN DATE IF THE STUDENT IS ELIGIBLE WITHOUT A PLAN)</i> CUR EVAL: _____ <i>Accommodation Plan Date</i> REEVAL: _____ <i>Enter Date 3 years from the Accommodation Plan Date</i>
Z: Allergies Y: Arthritis X: Asthma W: ADHD* <i>fka – ADD/ADHD</i> V: Cancer U: Cardiovascular Disorder T: Diabetes S: Eating Disorders R: Hearing Impaired Q: Hemophilia P: Kidney Disease O: Neurological Disorders	N: Orthopedic Disorders M: Psychological Disorders* <i>fka Psychosocial Disorders</i> L: Respiratory Disorders K: Sickle Cell Disorders J: Vision Impaired I: Other Disabilities H: Seizure Disorders G: Digestive Disorder F: Anxiety Disorder *E: Learning Disorder - NEW		
<input type="checkbox"/> Code 28 TEMPORARY Eligibility Codes	ANNUAL REVIEW MEETINGS (WITH OR WITHOUT REEVALUATION)		
R: Hearing Impaired O: Neurological Disorders N: Orthopedic Disorders M: Psychological Disorders* <i>fka Psychosocial Disorders</i> L: Respiratory Disorders J: Vision Impaired I: Other Disabilities G: Digestive Disorder	PLAN: _____ <i>Accommodation Plan Date</i> CUR EVAL: _____ <i>Accommodation Plan Date</i> REEVAL: _____ <i>Enter Date 3 years from the Accommodation Plan Date at 3 year intervals – DO NOT CHANGE THE DATE UNLESS A REEVALUATION REVIEW HAS BEEN COMPLETED AND LOCKED</i>		
504 ANNUAL REVIEW – NO Accommodation Plan			
PLAN: DO NOT ENTER A PLAN DATE CUR EVAL: _____ <i>Date of 504 Review</i> REEVAL: _____ <i>Enter Date 3 years from the 504 Review date at 3 year intervals - DO NOT CHANGE THE DATE UNLESS A REEVALUATION REVIEW HAS BEEN COMPLETED AND LOCKED</i>			
DISMISSAL FROM SECTION 504 OR ELIGIBILITY CODE			
DISMSD: _____ <i>Date of 504 Exit or Dismissed Eligibility Code</i>			