

1.5 Section 504 Student Accommodation Plan



<input type="checkbox"/> Initial Section 504 Evaluation	<input type="checkbox"/> Review of Services	<input type="checkbox"/> Section 504 Transition Mtg. ✓PK to K-2 grades, ✓K-2 to 3-6 th , ✓Elementary to Jr/Middle, ✓Jr/Middle to High School
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Student Name:		School:
DOB:	Grade:	Date of Plan Initiated:
Section 504 School Coordinator:		Date:

- Yes No The student has received an evaluation.
- Yes No The student has a mental or physical impairment that substantially limits one or more of his/her major life activities.

- | | | |
|-----------------------------------------------|----------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> neurological | <input type="checkbox"/> cardiovascular | Any mental or psychological disorder such as: |
| <input type="checkbox"/> musculoskeletal | <input type="checkbox"/> reproductive | <input type="checkbox"/> mental retardation |
| <input type="checkbox"/> special sense organs | <input type="checkbox"/> digestive | <input type="checkbox"/> organic brain syndrome |
| <input type="checkbox"/> respiratory | <input type="checkbox"/> genito-urinary | <input type="checkbox"/> emotional illness |
| <input type="checkbox"/> speech organs | <input type="checkbox"/> hemic and lymphatic | <input type="checkbox"/> mental illness |
| <input type="checkbox"/> skin or endocrine | <input type="checkbox"/> other: | <input type="checkbox"/> specific learning disabilities |

- Yes No The impairment substantially affects the student's overall performance at school in regards to:

- | | | | |
|----------------------------------------|---------------------------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> learning | <input type="checkbox"/> performing manual tasks | <input type="checkbox"/> walking | <input type="checkbox"/> hearing |
| <input type="checkbox"/> reading | <input type="checkbox"/> caring for oneself | <input type="checkbox"/> breathing | <input type="checkbox"/> speaking |
| <input type="checkbox"/> working | <input type="checkbox"/> lifting | <input type="checkbox"/> bending | <input type="checkbox"/> sleeping |
| <input type="checkbox"/> concentrating | <input type="checkbox"/> operation of a bodily function | <input type="checkbox"/> seeing | <input type="checkbox"/> other: |
| <input type="checkbox"/> communicating | <input type="checkbox"/> behavior | <input type="checkbox"/> eating | |
| | | <input type="checkbox"/> standing | |

What is the student's Impairment / Disability:

School Responsibilities and Accommodations/ Persons Responsible
Ask: How does the impairment impact the student's education and what is needed to provide access?

Accommodations:	1.
	School Responsibilities:
	Criteria for evaluating accommodation:
	Staff Responsible:
	2.
	School Responsibilities:
Criteria for evaluating accommodation:	



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	Staff Responsible:
	3.
	School Responsibilities:
	Criteria for evaluating accommodation:
	Staff Responsible:
	4.
	School Responsibilities:
	Criteria for evaluating accommodation:
	Staff Responsible:
	5.
	School Responsibilities:
	Criteria for evaluating accommodation:
	Staff Responsible:
	6.
	School Responsibilities:
	Criteria for evaluating accommodation:
	Staff Responsible:
	7.
	School Responsibilities:
	Criteria for evaluating accommodation:
	Staff Responsible:

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Parent/ Legal Guardian Involvement

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Student Responsibilities and Self-Management Strategies:

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Notes:

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504 Team Signatures:

Participation Signature	Printed Name	Position/Title	Date

Date for Section 504 Accommodation Plan Review:

By signing I have knowledge that I have received and understand the following documents:

- I received a written notice of my rights and safeguards under Section 504.
- I received notice of the Section 504 eligibility evaluation and accommodation plan meeting(s).
- I agree with the Section 504 plan as written.



Parent/Legal Guardian Signature

Date

Copies

- Send this Original Section 504 Plan to District Office, Student Services.
- File a Copy in the Student Cumulative File.
- Copy Section 504 Identification and Accommodation Plan for Parent.