

Student Name:		SIS:
DOB:	Grade:	School:
Parent/Guardian:		Phone:

IDENTIFICATION: Based on the evaluation data gathered from a variety of sources, the school 504 team answered the following questions to determine Section 504 identification.

1. Does the student have a physical or mental impairment?  Yes  No  
 Is all documentation attached? (OCSD Review Data & Sources)  Yes  No

Describe the physical or mental impairment:  
 How long is the impairment expected to affect the student? \_\_\_\_\_

2. Does the above physical or mental impairment SUBSTANTIALLY limit and affect one or more of the following major life activities? If so, which major life activity or activities are affected:  Yes  No


<input type="checkbox"/> Learning	<input type="checkbox"/> Performing Manual Task	<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"/> Seeing
<input type="checkbox"/> Concentrating	<input type="checkbox"/> Operation of a major bodily function	<input type="checkbox"/> Eating	<input type="checkbox"/> Sleeping
<input type="checkbox"/> Communication	<input type="checkbox"/> Behavior	<input type="checkbox"/> Standing	<input type="checkbox"/> Other:

3. Does the above physical or mental impairment interfere with the student's ability to participate and/or learn in a general education classroom?  Yes  No

**The Section 504 Team's analysis of the eligibility criteria as applied to the evaluation data indicates that:**

- The student *is eligible for services under Section 504* and will receive an Accommodation Plan, which governs the provision of 504 services to the student.
- The student *is not eligible for services under Section 504* and will continue to receive general education and any available general education resources and programs.

Reason: \_\_\_\_\_

Signature	Printed Name	Position/Title	Date
 *I received the Procedural Safeguards.		Parent/Legal Guardian	

# 504 Accommodation Plan



Student Name:		SIS:
DOB:	Grade:	School:

Accommodations	
	School Responsibilities:
	School Responsibilities:
	School Responsibilities:
	School Responsibilities:

Signature	Printed Name	Position/Title	Date
		Parent/Legal Guardian	