SECTION 504 PLAN

\*CONFIDENTIAL\*

[ ] Initial 504 Plan [ ] Continuing 504 Plan

The student covered under this Plan is a student with a disability. The accommodations/modifications/ interventions listed on this Plan comply with the ADA Amendments Act of 2008 and the Rehabilitation Act of 1973 (Section 504).

Initiation Date:

Next Review Date:

SECTION I.

|  |  |
| --- | --- |
| NAME: | DATE OF BIRTH: |
| ADDRESS: |
| CITY: STATE: ZIP | PHONE# |
| PARENT/GUARDIAN NAME(S): |
| BUILDING | GRADE | STUDENT ID# |

SECTION II. What physical or mental impairment has the team identified?

o Asthma o Attention Deficit Disorder/ADHD o Brain Injury

o Cancer o Cerebral Palsy o Developmental Aphasia

o Diabetes o Dyslexia o Emergent Allergy

o Emotional Illness o Epilepsy o Hearing Impairment

o Heart Disease o Minimal Brain Dysfunction o Multiple Sclerosis

o Muscular Dystrophy o Orthopedic Impairment o Recovering Chemically

o Seizures o Speech Impairment Dependent

o Visual Impairment o Other:

DIAGNOSIS:

Date of Diagnosis: Physician: Medication:

SECTION III

BACKGROUND INFORMATION (Pertinent educational and additional medical information):

|  |
| --- |
|  |

SECTION IV

ELIGIBLE DISABILITY UNDER: Check major life activities that are substantially or extremely limited as a result of the physical or mental impairment.

o Bending o Breathing o Caring for one’s self

o Communicating o Concentrating o Eating

o Hearing o Learning o Lifting

o Performing manual tasks o Reading o Seeing

o Sleeping o Speaking o Standing

o Thinking o Walking o Working

o Other

o Bladder o Bowel o Brain

o Circulatory/ o Digestive System o Endocrine System

 Cardiovascular system o Immune System o Neurological System

o Normal Cell Growth o Respiratory System o Reproduction

o Other:

SECTION V.

The following accommodations and supports are needed at school:

|  |  |
| --- | --- |
| **Assignments/Worksheets** | **Person Responsible (by Title)** |
|

|  |
| --- |
|  |

 **Check if Not Required** |  |
| **Test Taking** | **Person Responsible (By Title)** |
|

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| --- |
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**Check if Not Required** |  |
| **Organization** | **Person Responsible (By Title)** |
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|  |

**Check if Not Required** |  |
| **Behaviors** | **Person Responsible (By Title)** |
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|  |

**Check if Not Required** |  |
| **Physical Arrangement of Room** | **Person Responsible (By Title)** |
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|  |

**Check if Not Required** |  |
| **Other** | **Person Responsible (By Title)** |
|

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| --- |
|  |

**Check if Not Required** |  |

INITIATION DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NEXT REVIEW DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SECTION VI

Attachments [ ] Yes [ ] No

If Yes, List documents attached:

SECTION VII

PARTICIPANTS

|  |  |
| --- | --- |
| Parent |  |
| District Representative |  |
| Regular Education Teacher |  |
|  |  |
|  |  |
|  |  |

SECTION VII

I received a copy of the Notice of Section 504/ADA Procedural Information and Rights for the current year.

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 Parent Signature Date

* I give permission for this Section 504 Plan to be implemented for my child. The information contained in this plan will be distributed to appropriate individuals in the building. Your signature indicates consent to share this plan with necessary staff.
* I do not give permission for this Section 504 Plan to be implemented for my child.

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Parent Signature Date

|  |
| --- |
| For Office Use Only Copies to:[ ] Central Office [ ] Parents [ ] School Nurse [ ] Student’s file |