District Letter Head

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| Section 504 Student Accommodation Plan |

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| **Student Information** | | |
| **Student Name:** | | **Date:** |
| **Date of Birth:** | **District ID:** | **Grade:** |
| **Attending District:** | **Attending School:** | |
| **504 Case Manager:** | **Case Manager Contact:** | |

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| **Section 504 Plan** complete only if eligibility determination is *“Yes, eligible with a 504 plan”* | | |
| Initial 504 Eligibility Determination Date: | | 3 Yr Reevaluation Due Date: |
| Date of Initial Plan: | | Annual Plan Review Due Date: |
| Current 504 Annual Review Date: | | Next 504 Plan Review Due Date: |
|  | | |
| **Accommodations -** List the accommodations, services or supports necessary to address the student’s disability | | |
| In the educational setting: | | |
| For school district extracurricular activities, field trips and other school related functions: | | |
| For district, state, or standardized assessments (i.e. documentation for AP, ACT, SAT, and/or PSAT): | | |
| Are any accommodations services provided by a medically licensed staff? 🞎 Yes 🞎 No  If yes, describe services and when date service(s) will begin *(link IHP, Plan of Care, or service plans)* | | |
| **Educational Placement** | | |
| Describe the educational placement: | | |
| **Option** | **Selected** | **Explain** |
| General education with accommodations as listed |  |  |
| Other (describe): |  |  |
|  | | |

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| **The 504 Team** | | |
| **Name** | **Title** | **Knowledgeable of** (check one) |
|  |  | The student  The evaluation data  The placement |
|  |  | The student  The evaluation data  The placement |
|  |  | The student  The evaluation data  The placement |
|  |  | The student  The evaluation data  The placement |
|  |  | The student  The evaluation data  The placement |

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| **Parent Consent** (Complete for an initial 504 plan) |
| 🞎 I agree to the implementation of the 504 plan. I understand that granting of consent is voluntary.  🞎 I do not agree to the implementation of the 504 plan. I understand that granting of consent is voluntary.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/Guardian Signature Date Phone Number |