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:  |
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| **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 🞎 NoIf 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  |