

Section 504 Plan
_____ Community School District

Section 504 Coordinator: _____ **Date:** _____

Student's Name: _____ **Date of Birth:** _____

Grade/Class: _____ **Age:** _____

Parent's Name (s): _____

Address: _____ **City, State, ZIP:** _____

For an impairment to be considered as substantial, limitations in the student's academic and/or behavioral performance must be greater than the academic and/or behavioral performance of his or her nondisabled peers. The team must determine whether a particular impairment substantially limits a major life activity. Simply having a diagnosis of a mental or physical impairment does not, in itself, establish that a student has a disability under Section 504.

Supporting Documentation:

- | | |
|---|---------------------------------------|
| _____ Adaptive and/or achievement tests | _____ Teacher Recommendation(s) |
| _____ Adaptive Behavior | _____ Report Card & Scholastic Record |
| _____ Student File/Reports | _____ Other documentation (specify): |
| _____ Medical Reports/Evaluations | _____ |
| _____ Parent Input | _____ |

Rational for Section 504:

Step 1: Identified mental impairment: _____
and/or
Identified physical impairment: _____

Step 2: Substantial Limitation resulting from the impairment:
(considerable, extensive, significant)

- | | | | |
|---------------------|------------------|-------------------------------|----------------|
| _____ Learning | _____ Hearing | _____ Performing manual tasks | _____ Thinking |
| _____ Speaking | _____ Walking | _____ Working | _____ Standing |
| _____ Seeing | _____ Breathing | _____ Caring for one's self | _____ Lifting |
| _____ Concentrating | _____ Organizing | _____ Sleeping | _____ Eating |

Other limitation not listed above: _____
List any medications: _____

Step 3: **Student’s classroom and school performance validates a degree to which the mental or physical impairment limits the student’s major life activity when compared to other, nondisabled students:** Yes No

Is the student’s academic performance and/or behavior markedly below that of average, nondisabled peers? Yes No

If no, please describe: _____

Evaluation materials must demonstrate that the student’s academic and/or behavioral performance is less than that of the average nondisabled student.

Step 4: Areas of Concern and Identified Needs: (indicate yes or no)

_____ The student demonstrated a consistent need for substantially more time to complete homework assignments and in-school assignments than is required by the average nondisabled student. If yes, indicate the types of assignments in which more time is required and the percentage of additional time required for each type.

_____ The student consistently requires accommodations for testing to be able to demonstrate knowledge. If yes, indicate the type of subject matter and the types of testing and the accommodations required.

_____ The student exhibits significant difficulty in planning, organization, and execution of school-related activities and assignments. If yes, describe:

_____ The student is chronically absent or tardy for reasons related to a diagnosed physical or mental impairment and are absences or tardiness interfering with school performance. If yes, indicate the number of absences during the previous school year and in the current school year.

_____ The student has experienced a steady decline in academic performance for which there is no known cause other than the diagnosed physical or mental impairment. If so, describe the extent of this decline.

_____ The student has a medical condition requiring medication administration or other accommodations during the school day. If yes, describe the accommodation, and the frequency of administration during the school day.

Does the impairment impact the student’s education: Yes No

Step 5: **Is the student disabled under Section 504?** Yes No

If it has been determined that the above mentioned student is eligible for services under Section 504, then the team should continue to complete this document.

If not, the team may want to consider the development of an intervention plan for the student.

The fundamental purpose of Section 504 is to prevent discrimination against students identified as having disabilities under either IDEA or Section 504 by providing qualified students with disabilities educational opportunities commensurate or equal to those provided to nondisabled students.

The obligation to provide services to students with disabilities to “the maximum extent appropriate” with their nondisabled peers is known as serving students in the least restrictive environment (LRE).

Identify accommodations required to meet the needs of the student’s identified disability:

1. _____
2. _____
3. _____
4. _____

<input type="checkbox"/> Extended Time	<input type="checkbox"/> Read Aloud	<input type="checkbox"/> Braille/Braille Writer
<input type="checkbox"/> Crammer-Abacus	<input type="checkbox"/> Dictation to Scribe	<input type="checkbox"/> Magnification Device
<input type="checkbox"/> Large Print	<input type="checkbox"/> 1 Item/Page	<input type="checkbox"/> Assistive Devices
<input type="checkbox"/> Computer Adapted	<input type="checkbox"/> Marks in Book	<input type="checkbox"/> Multiple Sessions
<input type="checkbox"/> Interpreter/Translator	<input type="checkbox"/> Computer w/Processor	<input type="checkbox"/> Separate Room Testing
<input type="checkbox"/> Other _____		

Plan Type: Initial Reevaluation Continuation

LRE: General Classroom Other: _____

I have participated in the development of this plan and have received a copy of the Section 504 Rights Handbook.

Parent Signature: _____ **Date:** _____

Annual Review **Initial & Date:** _____ **Initial & Date:** _____

Initial & Date: _____ **Initial & Date:** _____

Initial & Date: _____ **Initial & Date:** _____

Initial & Date: _____ **Initial & Date:** _____

Initial & Date: _____ **Initial & Date:** _____

Team Signatures

Title	Signature and Date	Agree	Disagree
504 Coordinator	_____	<input type="checkbox"/>	<input type="checkbox"/>
Parent(s)/Guardian	_____	<input type="checkbox"/>	<input type="checkbox"/>
Administrator	_____	<input type="checkbox"/>	<input type="checkbox"/>
Classroom Teacher	_____	<input type="checkbox"/>	<input type="checkbox"/>
Classroom Teacher	_____	<input type="checkbox"/>	<input type="checkbox"/>
Social Worker	_____	<input type="checkbox"/>	<input type="checkbox"/>
Psychologist	_____	<input type="checkbox"/>	<input type="checkbox"/>
Ed Consultant	_____	<input type="checkbox"/>	<input type="checkbox"/>
School Counselor	_____	<input type="checkbox"/>	<input type="checkbox"/>
Other Members	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>

***Explanation of disagreement is attached.**

<p>FOR STUDENT SERVICES TEAM USE</p> <p>Date of Initial Team Meeting _____</p> <p>Date of Second Team Meeting _____</p> <p>Date of Third Team Meeting _____</p> <p>Date of Parental Notice of Screening Procedures Sent _____</p> <p>Date of Initial Section 504 Plan _____</p> <p>Date of Review/Modification of Section 504 Plan _____</p> <p>Date of Intervention Plan _____</p> <p>Target Date for Next Review _____</p>
