

# Section 504 Plan

## CHILD'S INFORMATION

NAME: \_\_\_\_\_

ID NUMBER: \_\_\_\_\_ GRADE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DISTRICT OF RESIDENCE: \_\_\_\_\_

COUNTY OF RESIDENCE: \_\_\_\_\_

DISTRICT OF SERVICE: \_\_\_\_\_

## MEETING INFORMATION

MEETING DATE: \_\_\_\_\_

MEETING TYPE:

- INITIAL SECTION 504 PLAN  
 REVIEW SECTION 504 PLAN

## SECTION 504 TIMELINES

LAST EVALUATION: \_\_\_\_\_

NEXT EVALUATION: \_\_\_\_\_

## SECTION 504 EFFECTIVE DATES

START: \_\_\_\_\_

END: \_\_\_\_\_

NEXT REVIEW: \_\_\_\_\_

## PARENTS'/GUARDIAN'S INFORMATION

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## SECTION 504 STATUS

(check when complete)

1. SECTION 504 PLAN  
 2. TESTING PAGE  
 3. SIGNATURE PAGE

## ADDITIONAL INFORMATION

# Section 504 Plan

## 1 SECTION 504 PLAN

The student covered under this Plan is a student with a disability. The accommodations, modifications and/or services listed on the plan comply with the ADA Amendments Act of 2008 and the Rehabilitation Act of 1973.

Describe the nature of the disability:

Describe the basis for the disability:

Describe how the disability affects one or more major life activities:

Describe the impact of the disability:

List the accommodations, modifications and/or services:

Accommodation/Modification/Service	Location: (General Classroom or Other)	Individual(s) Responsible

# Section 504 Plan

## 2 STATEWIDE AND DISTRICT WIDE TESTING

Will the child participate in classroom, district wide and state wide assessments with accommodations?

YES     NO

AREA	GRADE	DATE OF TEST	CHILD WILL BE TESTED:	DETAIL OF ACCOMMODATIONS
READING			<input type="checkbox"/> Without Accommodations <input type="checkbox"/> With Accommodations	
WRITING			<input type="checkbox"/> Without Accommodations <input type="checkbox"/> With Accommodations	
MATH			<input type="checkbox"/> Without Accommodations <input type="checkbox"/> With Accommodations	
SCIENCE			<input type="checkbox"/> Without Accommodations <input type="checkbox"/> With Accommodations	
SOCIAL STUDIES			<input type="checkbox"/> Without Accommodations <input type="checkbox"/> With Accommodations	
OTHER			<input type="checkbox"/> Without Accommodations <input type="checkbox"/> With Accommodations	

# Section 504 Plan

## 3 SIGNATURES

Participants:

NAME	TITLE	SIGNATURE	DATE
	Parent		

**Signatures:**

I received a copy of the Notice of Section 504 Procedural Safeguards.

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

Date

- I give permission for this Section 504 Plan to be implemented for my child. My signature indicates consent for the information contained in this plan to be distributed to appropriate staff members.
- I do not give permission for this Section 504 Plan to be implemented for my child.

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

Date