

Section 504 Plan

(Accommodations, related aids, and services the student needs to access and benefit from his or her education, based on disability as defined under Section 504.)

	Date: _____
Student: _____	
School: _____	SSID: _____
Grade: _____	DOB: _____

Services and Accommodations

(Include all accommodations, related aids, and services the student needs to participate and benefit from his or her education, including those related to instruction, learning environment, behavior, social skills, accessibility, etc.)

	Specific areas of student need, as identified in the evaluation <i>(Academic, Environmental, Mobility, Behavioral/Social, Health, Other)</i> .	Services or accommodations necessary for student to participate and benefit in the school's programs and activities.	<i>When</i> student needs the accommodations, aids, or services identified. *
1 .		Enter text	Enter text
2 .		Enter text	Enter text
3 .		Enter text	Enter text
4 .		Enter text	Enter text

*** Be as specific as possible.** For example, rather than "as needed," specify when the student needs a specific accommodation, based on the evaluation data. Instead of "preferential seating," for example, clearly describe where the student should sit (e.g., by the door, close to the teacher, etc.).

Special instructions or considerations (e.g., field trips, extracurricular activities), if any. N/A

Enter text

504 Team

(The 504 Team will review and consider evaluation data when determining what accommodations, aids, and services are necessary for the student. At a minimum, the team will include: (1) someone who knows the student—for example, a parent, teacher, physician, nurse, or counselor; (2) someone who can analyze and interpret the evaluation data; and (3) someone who is knowledgeable about placement options at the school. Note that a staff person can fill more than one of these.)

504 Team

Name _____ **Title** _____ Enter title
Signature _____
Phone _____ **Email** _____
This person knows: the student the meaning of the evaluation data placement options

Name _____ **Title** _____ Enter title
Signature _____
Phone _____ **Email** _____
This person knows: the student the meaning of the evaluation data placement options

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Signature _____
Phone _____ **Email** _____
This person knows: the student the meaning of the evaluation data placement options

504 Team

The plan will be provided to the following individuals, who are responsible for implementing the plan in full or in part (e.g., general education teachers, PE or other teachers, bus driver, coach, extra-curricular program staff):

	Name	Title/role	Delivered
1.		Enter title/role	<input type="checkbox"/>
2.		Enter title/role	<input type="checkbox"/>
3.		Enter title/role	<input type="checkbox"/>
4.		Enter title/role	<input type="checkbox"/>
5.		Enter title/role	<input type="checkbox"/>
6.		Enter title/role	<input type="checkbox"/>
7.		Enter title/role	<input type="checkbox"/>
8.		Enter title/role	<input type="checkbox"/>
9.		Enter title/role	<input type="checkbox"/>
10.		Enter title/role	<input type="checkbox"/>
11.		Enter title/role	<input type="checkbox"/>
12.		Enter title/role	<input type="checkbox"/>
13.		Enter title/role	<input type="checkbox"/>