[SCHOOL DISTRICT]
Section 504 Plan

Student's Name: _____ DOB: _____ Grade: ____ Disability: _____

Parent(s)/Guardian(s):_____ School: _____

School Contact Person: _____ Position:_____

Date of meeting at which Plan was developed: _____ Date of next annual review: _____

A. Team Members (Check the categories that apply to each Team member below)

Name/Position:	Knowledgeable about:		
_____	___ Child	____Meaning of Evaluation Data	____ Accommodations/Placement Options
_____	___ Child	____Meaning of Evaluation Data	____ Accommodations/Placement Options
_____	___ Child	____Meaning of Evaluation Data	____ Accommodations/Placement Options
_____	___ Child	____Meaning of Evaluation Data	____ Accommodations/Placement Options
_____	___ Child	____Meaning of Evaluation Data	____ Accommodations/Placement Options
_____	___ Child	____Meaning of Evaluation Data	____ Accommodations/Placement Options

B. Accommodations/Related Aids and Services

Note: After eligibility has been determined, the Team should consider the student's current functional limitations with consideration of the use of mitigating measures in developing the 504 Plan. All accommodations or related aids and services should be directly linked to the student's disability and should be measures that are unique to and necessary for the student.

The Team believes that the following accommodations or related aids and services are necessary for the student to access and benefit from his or her educational program:

1. The school: *(state action and person responsible)*

a._____
b._____
c._____
d._____

2. The parent(s):

a._____
b._____
c._____
d._____

3. The student:

a._____
b._____
c._____
d._____

4. Participation in assessments: ____ No accommodations ____ With accommodations

Specify assessment accommodations:

_____

Distribution List: ☐ Teachers ☐ Nurse ☐ Extra-curricular staff ☐ Others

SAMPLE

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