\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Student Name

|  |  |  |
| --- | --- | --- |
| Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | State ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Local ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ELL Status:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**Purpose:**

**Initial Plan: \_\_\_\_\_**

**Review:** \_\_\_\_\_

*List the date the Notice of Meeting was given to parents/guardian:*

*List the date the Section 504 Procedural Safeguards were provided to parents/guardian:*

**List the qualifying disability \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**that substantially limits the major life activity, such as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_.

**Review of Services:**

*Meeting Notes & Discussion of Progress:*

**Recommendation:**

**­­­\_\_ Continue present services with no changes.**

**\_\_ Modify the present program (discuss below)**

**­­\_\_ Exit from program based on discussion and/or evaluation results**

commendations:

*Discussion of Recommendations:*

**Eligibility Determination: Check Below**

**­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_­­ Student is eligible under Section 504**

**\_\_ Student is not eligible**

**­­­­­\_\_ The student has a qualifying disability under Section 504 but does not require a Section 504 plan at this time .**

**Accommodation and Service Plan:**

Accommodations as listed on this 504 plan below will be for [school name] classes. For college level courses, the student will need to apply to the college disability services office for any appropriate accommodations at the collegiate level.

**Accommodations and Services:**

Area(s) of difficulty:

Accommodation/Services-include any necessary explanation

|  |  |
| --- | --- |
| Accommodation | Explanation (as appropriate) |
|  |  |
|  |  |
|  |  |
|  |  |

*Duration of accommodation and service plan*

From:

To:

Review & Reevaluation date:

Section 504 Committee Members:

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name & Role | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |
|  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name & Role | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name & Role | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name & Role | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |
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Parent Permission obtained for services provision(s):

Yes\_\_

No\_\_