School District/ Charter School Name

Section 504 Notice of Decision and Accommodations Plan

Student Name: _____ Student ID:_____

Grade: _____ Date of Birth: _____ Date: _____

School Name: _____

Yes ☐ No ☐ The student has a mental or physical impairment that **substantially limits** one or more of their major life activities.

Yes ☐ No ☐ The impairment **substantially affects** the student's overall performance at school in:

☐ Seeing ☐ Hearing ☐ Concentrating ☐ Eating ☐ Breathing

☐ Walking ☐ Speaking ☐ Communicating ☐ Learning ☐ Working

☐ Sleeping ☐ Thinking ☐ Lifting ☐ Helping ☐ Bending

☐ Standing ☐ Caring for oneself other_____

To be identified for a 504 Plan, both answers above must be **YES**.

Is this student eligible to receive a 504 Plan? Yes ☐ No ☐

Evaluation procedures, tests, records, or reports used as a basis for the decision:

☐ Cumulative Records ☐ Teacher Input ☐ State Assessment Results

☐ Discipline Records Reading ☐ Parent Input ☐ Response to Intervention Data

☐ Inventory ☐ Report Card Grades ☐ Outside/Private Evaluations

☐ Other: _____ ☐ Attendance Records ☐ Curriculum-Based Assessment

If you have any questions regarding your rights, you may contact _____
Name

_____ at _____ or _____
Position Phone Email

Your Notice of Parent and Student Rights under Section 504 of the Rehabilitation Act of 1973 is attached.

List each need and related accommodations. Additional pages can be printed, if needed.

Specific need (1):

Accommodations that address the need (be specific):

Who will implement the accommodations?

Criteria for evaluating success:

Specific need (2):

Accommodations that address the need (be specific):

Who will implement the accommodations?

Criteria for evaluating success:

Specific need (3):

Accommodations that address the need (be specific):

Who will implement the accommodations?

Criteria for evaluating success:

Specific need (4):

Accommodations that address the need (be specific):

Who will implement the accommodations?

Criteria for evaluating success:

Section 504 Plan Team:

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

Parent/Guardian:

I/We, _____, as this students' parent(s)/guardian(s),

☐ Consent

☐ Do not consent

for my/our child to receive the accommodations described.

Signature:_____ **Date:** _____

Signature:_____ **Date:** _____

Date annual 504 Plan review scheduled: _____