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:	
Stu	dent:		
School:		SSID:	
Gra	nde:	DOB:	
(Inclu		ons ed aids, and services the student nee e related to instruction, learning env	
	Specific areas of student need, as identified in the evaluation (Academic, Environmental, Mobility, Behavioral/Social, Health, Other).	Services or accommodations necessary for student to participate and benefit in the school's programs and activities.	When 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
speci	ific accommodation, based on	example, rather than "as needed," sp the evaluation data. Instead of "prej should sit (e.g., by the door, close to	ferential seating," for example,

Special instructions or considerations (e.g., field trips, extracurricular activities), if any. \square 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		Enter title
Phone	Email	
This person knows: \Box the student \Box	the meaning of the ev	aluation data \square placement options
Name	Title	Enter title
Signature		
Phone	Email	
This person knows: \square the student \square	the meaning of the ev	aluation data \square placement options
Name	Title	Enter title
Signature		
Phone	Email	
This person knows: \square the student \square	the meaning of the ev	aluation data \square placement options
Name	Title	Enter title
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Phone	Email	
This person knows: \square the student \square	the meaning of the ev	aluation data \square placement options
Name	Title	Enter title
Signature		
Phone	Email	
This person knows: \Box the student \Box	the meaning of the ev	aluation data \square placement options
Name	Title	Enter title
Signature		
Phone	Email	
This person knows: \Box the student \Box	the meaning of the ev	aluation 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, extracurricular program staff):

	Name	Title/role	Delivere d
1.		Enter title/role	
2.		Enter title/role	
3.		Enter title/role	
4.		Enter title/role	
5.		Enter title/role	
6.		Enter title/role	
7.		Enter title/role	
8.		Enter title/role	
9.		Enter title/role	
10.		Enter title/role	
11.		Enter title/role	
12.		Enter title/role	
13.		Enter title/role	