

INSPIRING EXCELLENCE - EVERY CHILD, EVERYDAY

**Section 504 Plan**

*Pursuant to Section 504 of the Rehabilitation Act of 1973, the district has a duty to identify, refer, evaluate, and provide free appropriate public education to all children with disabilities. For additional information regarding Section 504, please contact your school's Section 504 Coordinator, or the Office of Special Services at (307) 328-9200.*

<b>WISER ID:</b>		<b>Date of Plan:</b>	
<b>First Name:</b>		<b>Last Name:</b>	
<b>DOB:</b>		<b>Grade:</b>	
<b>School:</b>		<b>Primary Language:</b>	
<b>Parent/Guardian:</b>		<b>Phone Number:</b>	
<b>Home Address:</b>			
<b>Physical/Mental Impairment:</b>			

<b>Does the student require specialized instruction?</b> <i>(If yes, specify below)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Identified Need</b>	<b>Specialized Instruction</b>	<b>Responsible party</b>

<b>Does the student require related services?</b> <i>(If yes, specify below)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Identified Need</b>	<b>Related Service</b>	<b>Responsible party</b>

<b>Does the student require accommodations?</b> <i>(If yes, specify below)</i>	<b>Environmental Strategies:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<b>Organizational Strategies:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<b>Behavioral Strategies:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<b>Presentation Strategies:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<b>Evaluation Methods:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Identified Need</b>	<b>Accommodation</b>	<b>Responsible party</b>	

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<b>Student:</b>	<b>DOB:</b>	<b>Meeting Date:</b>
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<i>(accommodations continued)</i>		
Identified Need	Accommodation	Responsible party

<b>Does the student require modifications?</b> <i>(If yes, specify below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<b>Do these modifications substantially change the expectations such that the student is working towards a certificate of completion?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Identified Need	Specialized Instruction	Responsible party

<b>Will the student have the opportunity to participate in nonacademic/extracurricular activities with nondisabled peers?</b>	<input type="checkbox"/> Yes
	<input type="checkbox"/> Yes, with supports <i>(Describe)</i> _____
	_____
	_____

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<b>Student:</b>	<b>DOB:</b>	<b>Meeting Date:</b>
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<b>Notes and other relevant information:</b>

<b>Anticipated 504 Plan Review Date:</b> _____
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<b>Anticipated 504 Eligibility Review Date:</b> _____
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<b>Meeting Participation</b>		
By signing below, team members acknowledge their participation in the development of this Section 504 Plan and indicate their area of knowledge with regard to this student.		
<b>Name</b>	<b>Signature</b>	<b>Area of Knowledge</b> <i>(Check all that apply)</i>
		<input type="checkbox"/> The Student
		<input type="checkbox"/> The meaning of the data
		<input type="checkbox"/> The placement options
		<input type="checkbox"/> The Student
		<input type="checkbox"/> The meaning of the data
		<input type="checkbox"/> The placement options
		<input type="checkbox"/> The Student
		<input type="checkbox"/> The meaning of the data
		<input type="checkbox"/> The placement options

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<b>Student:</b>	<b>DOB:</b>	<b>Meeting Date:</b>
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<i>(Meeting Participation cont).</i>		
Name	Signature	Area of Knowledge <i>(Check all that apply)</i>
		<input type="checkbox"/> The Student
		<input type="checkbox"/> The meaning of the data
		<input type="checkbox"/> The placement options
		<input type="checkbox"/> The Student
		<input type="checkbox"/> The meaning of the data
		<input type="checkbox"/> The placement options
		<input type="checkbox"/> The Student
		<input type="checkbox"/> The meaning of the data
		<input type="checkbox"/> The placement options
		<input type="checkbox"/> The Student
		<input type="checkbox"/> The meaning of the data
		<input type="checkbox"/> The placement options

<b>Parent/Guardian Consent</b> <i>(Initial then sign below)</i>			
<input type="checkbox"/> I have been provided a copy of the Section 504 Plan developed for my child and the notice of Section 504 Procedural Safeguards.			
<input type="checkbox"/> I participated in the development of the Section 504 Plan for my child.			
<input type="checkbox"/> I consent to the Section 504 Plan.			
<input type="checkbox"/> I do not consent to the Section 504 Plan and understand it will not be implemented for my child.			
<input type="checkbox"/> I disagree with the Section 504 Plan and seek resolution of the following concern: _____ _____ _____			
<b>Parent Signature</b>		<b>Date</b>	

For Office use only		
Copy of Section 504 Plan and Procedural Safeguards provided to parent/guardian by:		Date:
Dissemination of this plan to all responsible parties provided by:		Date: