

PASADENA UNIFIED SCHOOL DISTRICT
Child Welfare and Attendance

SECTION 504 PLAN

Student		Date of Birth	
School		Grade	
Date of Plan		Projected Re-Evaluation Date:	

Indicate here the student’s mental/physical impairment:

and indicate below the specific area(s) of educational impact and the type of related accommodation(s) needed to support an effective educational program for the student; e.g., changes in the classroom environment, changes in testing procedures, use of various classroom materials, teaching strategies to be employed, etc. Also indicate who will be responsible for each accommodation (teacher, student, parent/guardian, counselor, school nurse, etc.) and the frequency or when the action, strategy, or accommodations to be made.

Area(s) of Educational Impact	Related Accommodation(s)	Person(s) Responsible	Frequency (when action will be taken)

SECTION 504 BEHAVIOR SUPPORT PLAN

Student		Date of Birth	
School	Grade		

The behavior interventions outlined below will begin for the above-named student as of (date): _____

Behavior(s) of the student targeted for intervention (include frequency, intensity, duration, predictors /antecedents, purpose and consequence of behaviors):

Type(s) of appropriate behavioral interventions for the student:

- | | | |
|---|--|---|
| <input type="checkbox"/> Set clearly defined limits | <input type="checkbox"/> Reduce distracting stimuli | <input type="checkbox"/> Give frequent reminders of rules |
| <input type="checkbox"/> Seat student near teacher | <input type="checkbox"/> Use praise to reinforce appropriate behaviors | <input type="checkbox"/> Use of journal of daily or weekly behaviors |
| <input type="checkbox"/> Use predetermined signaling device to cue student that a specified behavior is desired | <input type="checkbox"/> Assign to cooperative learning group(s) | <input type="checkbox"/> Prompt student to go to a quiet area in class where noise and activity are not allowed |
| <input type="checkbox"/> Supervision during unstructured time | <input type="checkbox"/> Teach functionally equivalent replacement behaviors | <input type="checkbox"/> Provide student with a consistent routine (daily or weekly schedule of events) |
| <input type="checkbox"/> Environmental changes (time, space, materials, interactions). Specify: _____ | <input type="checkbox"/> Curricular changes. Specify: _____ | <input type="checkbox"/> Other intervention(s). Specify: _____ |

Specify below the replacement behavior to be taught, type of behavior desired and the type of reinforcements and consequences to be used:

Set up a behavioral contract with the student which includes the following system of rewards/affirmations for desired behaviors exhibited and the types of consequences that will be affected if undesired behaviors are exhibited:

Desired/Replacement Behavior	Rewards/Affirmations for Desired Behavior	Consequences for Undesirable Behavior	Personnel Responsible

Specify the form of communication to be used to advise parent(s)/guardian(s) of progress made:

- Daily Tracking Form
 Weekly Tracking Form
 Notes Home
 Phone Calls
 Parent Conferences