



## SECTION 504 PLAN

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

DATE OF MEETING: \_\_\_\_\_

1. Describe the nature of the concern:

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2. Describe all evaluation data gathered:

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3. Identify the disability(ies) (i.e., physical or mental impairment that substantially impacts one or more major life activities) :

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4. Describe the basis for determining the disability(ies) (if any):

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5. Describe how the disability affects each of the impacted major life activities:

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6. Please describe the analysis undertaken to determine the potential impact on a major life activity, without consideration of the ameliorating effects of any “mitigating measures,” except for ordinary eyeglasses or contact lenses. Mitigating measures may include, but

are not limited to, (a) medication, medical supplies, equipment, appliances, low-vision devices (defined as devices that magnify, enhance, or otherwise augment a visual image, but not including ordinary eyeglasses or contact lenses), prosthetics including limbs and devices, hearing aid(s) and cochlear implant(s) or other implantable hearing devices, mobility devices, oxygen therapy equipment and supplies; (b) use of assistive technology; (c) reasonable modifications or auxiliary aids or services; (d) learned behavioral or adaptive neurological modifications; or (e) psychotherapy, behavioral therapy, or physical therapy.

Did the team consider the impact of the disability on a major life activity **without** the potential impact of any mitigating measures (except for ordinary eyeglasses and contact lenses)? For example, if the student is currently using a hearing aid, did the team consider whether the student has a physical or mental impairment that substantially limits a major life activity if the student were not using the hearing aid?

Yes                      No

Please describe:

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7. Does the student require accommodations (i.e., regular or special education, and/or related aids and services) under section 504, in order to access his/her education and other programs of the district and/or to receive educational benefit? If so, please describe each accommodation that is necessary:

<u>Accommodation/Service</u>	<b>Frequency (time/daily/weekly)</b>	<b>Responsible staff/implementer</b>	<b>Additional Description</b>

Use this space for narrative descriptions, if necessary:

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Next Projected Meeting Date: \_\_\_\_\_

Next Review/Re-evaluation Date: \_\_\_\_\_

*(must be completed)*

Participants (Name and Title)

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_____	_____
_____	_____
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cc: Student's Cumulative File