

**Gunnison Watershed School District  
Equal Education Opportunity  
504 Plan**

Name \_\_\_\_\_ DOB \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_  
Date of Meeting \_\_\_\_\_

**Information for Determining Eligibility**

Supporting Documentation (check all that apply and attach to this plan):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> *Psychological Evaluation | <input type="checkbox"/> Regular Ed Plan    | <input type="checkbox"/> Parent Information |
| <input type="checkbox"/> *Physician's Report       | <input type="checkbox"/> Scholastic Record  | <input type="checkbox"/> Work Samples       |
| <input type="checkbox"/> Report Card               | <input type="checkbox"/> State Test Results | <input type="checkbox"/> Other              |

\*One or both required

1. Does the student have a mental or physical impairment that substantially limits one or more major life activities? No \_\_\_\_\_ Yes \_\_\_\_\_

Identify the Impairment \_\_\_\_\_

Identify the Major Life Activity (MLA):

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> Caring for Oneself      | <input type="checkbox"/> Hearing  |
| <input type="checkbox"/> Performing Manual Tasks | <input type="checkbox"/> Speaking |
| <input type="checkbox"/> Walking                 | <input type="checkbox"/> Seeing   |
| <input type="checkbox"/> Breathing               | <input type="checkbox"/> Learning |

2. Have accommodations been exhausted through the Response to Intervention model? No \_\_\_\_\_ Yes \_\_\_\_\_

3. Is the student's academic and/or behavioral performance markedly below that of average, non-handicapped peers? No \_\_\_\_\_ Yes \_\_\_\_\_

4. Does the major life activity impairment persist despite mitigating measures (medications, scientifically based classroom interventions, etc.)? No \_\_\_\_\_ Yes \_\_\_\_\_

5. Have cultural, environmental, or economic factors been ruled out as the reason for major life activity impairment? No \_\_\_\_\_ Yes \_\_\_\_\_

6. Disability determined pursuant to Section 504? Questions 1-5 should all be answered "Yes." If a 504 is deemed appropriate without all affirmative answers, please attach explanation. No \_\_\_\_\_ Yes \_\_\_\_\_

## School, Classroom, and Standardized Testing Accommodations

Check all areas in which special accommodations will help the child meet success at school:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Seating         | <input type="checkbox"/> Note Taking          | <input type="checkbox"/> Reading               |
| <input type="checkbox"/> Writing         | <input type="checkbox"/> Spelling             | <input type="checkbox"/> Vocabulary            |
| <input type="checkbox"/> Space           | <input type="checkbox"/> Organization         | <input type="checkbox"/> Math                  |
| <input type="checkbox"/> Test Taking     | <input type="checkbox"/> Time                 | <input type="checkbox"/> Physical Education    |
| <input type="checkbox"/> Memory          | <input type="checkbox"/> Communication        | <input type="checkbox"/> Assistive Devices     |
| <input type="checkbox"/> Homework        | <input type="checkbox"/> Listening            | <input type="checkbox"/> Assignment Completion |
| <input type="checkbox"/> Problem Solving | <input type="checkbox"/> Interpersonal Skills | <input type="checkbox"/> Other: _____          |

### School Responsibilities for Accommodations and Services

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

### Parent Responsibilities

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Student Responsibilities

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Case Manager Checklist

- Ensure parent has been provided Section 504 Child and Parent Rights
- Ensure that 504 has been indicated in Pearson Inform
- Ensure that signature page and a copy of the 504 plan have been filed in the cumulative folder
- Distribute 504 plan to appropriate teachers and staff members
- Monitor student's progress throughout the year
- Schedule a reevaluation annually

**Signatures (Indicates agreement to plan)**

<b>Student</b>	_____	<b>Teacher</b>	_____
<b>Parent*</b>	_____	<b>Teacher</b>	_____
<b>Administrator</b>	_____	<b>Teacher</b>	_____
<b>Counselor</b>	_____	<b>Teacher</b>	_____
<b>Teacher</b>	_____	<b>Teacher</b>	_____
<b>Teacher</b>	_____	<b>Teacher</b>	_____
<b>Teacher</b>	_____	<b>Other</b>	_____

**\*Signature indicates notification of Section 504 Child and Parent Rights.**

**Plan Type:** [ ] Initial [ ] Reevaluation

Revised March 2015.