**SECTION 504 PLAN**

\*\*Confidential\*\*

Name:Click or tap here to enter text. Date of Birth:Click or tap here to enter text.

School: Click or tap here to enter text. Age: Click or tap here to enter text.

Date of Plan: Click or tap here to enter text. Grade: Click or tap here to enter text.

**Initial Section 504 Plan**  **Continuing 504 Plan**

The student covered under this Plan is a student with a disability. The accommodations/modifications/interventions listed on this Plan comply with the ADA Amendments Act of 2008 and the Rehabilitation Act of 1973 (Section 504 ).

**What Physical or mental Impairment did the team identify (See Eligibility Determination Report)?**

Click or tap here to enter text.

**What Major Life Activity or Bodily Function is substantially limited?**

Click or tap here to enter text.

**Pertinent education and additional medical information (summary):**

Click or tap here to enter text.

|  |  |  |
| --- | --- | --- |
| **Area(s) of Need (substantial limitation)** | **Accommodation(s), Aids, Services** Click or tap here to enter text.**or other Supports** | **Person Responsible** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Describe location of services, if other than the classroom setting and the reason(s) necessary, or any other relevant information:**

Click or tap here to enter text.

**Participation of Eligible 504 Student in State of District Wide Testing:**

The student should take State or District Wide testing under routine conditions, without any accommodations.

The student should **NOT** take State or District wide testing under routine conditions and is eligible for the following **Standard Accommodations** (see MDE Assessment Accommodation Summary Table for a list of 504 approved accommodations)

Click or tap here to enter text.

**SECTION 504 PLAN**

\*\*Confidential\*\*

I give consent for the initial provision of Section 504 Services

I refuse consent for the initial provision of Section 504 Services

**My signature indicates that I have been informed and received notice of Section 504/ADA Procedural Information and Rights.**

### Signature of Parent/Guardian Date

|  |  |  |
| --- | --- | --- |
| **Participants** | **Position/Title** | **Date** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

*PERSON RESPONSIBLE FOR MONITORING PLAN:*

*ANTICIPATED REVIEW DATE:*

### **Distribution:**

Current Teachers

Parent

Building 504 Compliance Officer

District 504 Compliance Officer