

## SECTION 504 PLAN

**\*\*Confidential\*\***



☐ 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)?**

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

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

Area(s) of Need (substantial limitation)	Accommodation(s), Aids, Services or other Supports	Person Responsible

## SECTION 504 PLAN

**\*\*Confidential\*\***



Name:

Date of Birth:

School:

Age:

Date of Plan:

Grade:

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

### Participation of Eligible 504 Student in State or 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):

$\mathcal{A}$ 

Date of Birth:

Age:

Grade:

☐ 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

[illegible]

PERSON RESPONSIBLE FOR MONITORING PLAN: \_\_\_\_\_

**ANTICIPATED REVIEW DATE:** .SSSSSSSSSSSSSSSSSSSSSSSS

Distribution:

☐ Current Teachers

□ Parent

☐ Building 504 Compliance Officer☐ District 504 Compliance Officer