



09/13

**Section 504 Plan**

Student: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Beginning Date for this Plan: \_\_\_\_\_

**1. Describe the impairment(s) that significantly limit a major life activity:**

Major Life Activity	Describe Substantial Limitation

If the student receives special education services, needed accommodations within general and special education must be addressed within the IEP.

**2. Accommodations, Aids and Services:**

**Environmental/Physical Accommodations**

**Instructional Accommodations**

**Assignment Accommodations**

**Testing Accommodations**

**Behavior Management**

**Instructional Materials, Aids and Supports**

**Special Considerations**

**Medications:**

Name of physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Medication(s): \_\_\_\_\_  
\_\_\_\_\_

Schedule: \_\_\_\_\_  
\_\_\_\_\_

Monitoring of medications: \_\_\_\_\_

Monitored by: \_\_\_\_\_

**Comments:**

**3. Student Placement:**

General education

Other - Identify the placement and explain why a more restrictive placement is necessary for the student to receive a free appropriate public educational.

**4. Team Participants:(name and title)**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If you have questions, please contact:

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**Parent/Guardian:**

I have participated in the Section 504 process and have received a copy of the Section 504 Plan.

\_\_\_\_\_  
Parent/Guardian/Adult Student signature

\_\_\_\_\_  
Date