

## SECTION 504 ELIGIBILITY AND ACCOMMODATION PLAN

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Type of Referral                       Initial                       Review

A section 504 meeting was convened on behalf of the above-mentioned student on this date: \_\_\_\_\_

On the basis of the data presented, the following decision was made:

- The student is identified as a Section 504 disabled student and accommodation plan has been developed.
- The student is not handicapped under Section 504 definition.

Indicate handicapping condition \_\_\_\_\_

Major Life Activity \_\_\_\_\_

Education Impact \_\_\_\_\_

Basis for determination of student as  Eligible  Not Eligible

Student requires accommodations (**See attached Accommodation Plan**)

Participants	Title	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have participated in the development of this plan and have received a copy of the notice of Section 504 Rights

I agree with the above                       I disagree with the above

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Plan Review Date: \_\_\_\_\_

Copies to:     Parent         Classroom Teacher     Principal  
                   Counselor     Cumulative File         504 Coordinator