

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