Helping Schools
ICISD
Ionia County Intermediate School District
Help Students

Palo Community Schools

SECTION 504 PLAN
(Form H)

Student's Name: _____ DOB: _____ Grade: ____ Date: _____

School: _____ Building 504 Coordinator: _____

Parent's Name: _____ Phone Number: _____

Parent's Address: _____ _____ _____ _____
Street City State Zip

504 Team Members: (fill in names and check areas of knowledge):

Name of Team Member	Child	Meaning of Eval. Data	Accommodations or Placement Options
_____	☐	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐

1. Describe the nature of the concern: _____

_____

_____

2. Summary of evaluation information: _____

_____

_____

3. Student ☐ is disabled under 504
   ☐ is not disabled under 504

4. If disabled under 504, state how the disability substantially limits a major life activity:

_____

_____

5. Accommodation (s) [actions or services to meet the educational needs of the student]:
   ☐ Required (proceed to item 6)
   ☐ Not required (do not proceed to item 6, but provide explanation why not required):

_____

_____

6. Record accommodations in the box below or on attached accommodation checklist.

Intervention to be Implemented	By Whom	Setting/Location

7. Re-Assessment/Review Date: _____ (Must be completed)

Commitment Signatures

District Commitment: The District will implement the recommended plan on _____.
Date of Implementation

_____ _____
Signature of Building 504 Coordinator Date

Parent:

- ☐ I have been informed of my due process rights and procedural safeguards and have received a copy of the Section 504 Policy and Procedures.
- ☐ I agree with the 504 Plan
- ☐ I disagree with the 504 but will allow implementation. The reasons for my disagreement are:

_____

- ☐ I disagree with the 504 Plan and would like information on how to request a due process hearing. The reasons for my disagreement are:

_____

_____ _____
Parent/Guardian Signature Date