



# 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):

<u>Name of Team Member</u>	<u>Child</u>	<u>Meaning of Eval. Data</u>	<u>Accommodations or Placement Options</u>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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):

\_\_\_\_\_

\_\_\_\_\_

