



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):
