



## Individualized Section 504 Plan

Date of 504 meeting \_\_\_\_\_ Page \_\_\_\_\_

### Section 1 Student Personal and Data

Student name \_\_\_\_\_

Birthdate \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_ SSN \_\_\_\_\_

School \_\_\_\_\_ District \_\_\_\_\_

District of residence \_\_\_\_\_

Home language \_\_\_\_\_ Ethnicity \_\_\_\_\_

Date of initial eligibility for Section 504 \_\_\_\_\_

Check if applicable:

licensed children's institution     foster family home     eligible migrant education  
 eligible Title I programs

### Section 2 Parent Information

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Check if applicable:

parents have received and have knowledge of their rights and due process procedures

parent concerns regarding increasing and enhancing the student's educational progress  
(specify):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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### Section 3 Type of 504 meeting

\_\_\_\_initial      \_\_\_\_annual review      \_\_\_\_behavior      \_\_\_\_3 year reevaluation  
\_\_\_\_review or change of placement      \_\_\_\_Other \_\_\_\_\_

### Section 4 Present Levels of Performance/Areas of Need

Check if applicable:

\_\_\_\_individual reports, assessment, evaluations have been reviewed in narrative

\_\_\_\_individual reports of teachers/staff/parents/student are attached and team members have received copies

\_\_\_\_Educational benefit and access to the curriculum has been reviewed

### Section 5 Eligibility Determination

The student's physical or mental impairment(s) are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The major life activities that are substantially limited are:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_The student needs an individualized Section 504 plan in order for his/her educational needs to be met and to have access to the curriculum.

### Section 6 Student Ineligible

If the student is not eligible, complete this section:

Signature of Administrator/Designee \_\_\_\_\_ Date \_\_\_\_\_

Signature of Teacher \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



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### Section 7 Student Needs

Student needs resulting from the disability, related to his/her educational needs, based on current assessment/evaluations and present levels of performance; each area of need that is identified is to be addressed in the Section 504 plan (academic):

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Other educational needs (non-academic)

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### Section 8 Special Factors

The 504 team has considered all of the following special factors, indicating those necessary in developing the 504 plan:

- Behavior: Student's behavior interferes with his/her learning or that of others
- Behavior: The team considered and implemented strategies, positive behavioral interventions, and other support
- Limited English proficient: The student is limited English proficient and the team has considered the language needs of the student in the development of the 504 plan
- Related services/assistive technology: Student requires supplementary aids and services and/or assistive technology equipment in order to meet educational needs and have access to the curriculum (specify):

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\_\_\_\_Program modifications, accommodations, adaptations, related aids and services, and supplemental aids and services provided for the student to meet his/her individual needs (specify):

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\_\_\_\_Transportation (specify):

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\_\_\_\_Program supports for school personnel, such as inservice training (specify):

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\_\_\_\_Parents will be notified by \_\_\_\_\_(teacher, counselor, 504 coordinator, other) by \_\_\_\_\_(daily log, report card, progress report, weekly log, email, other) \_\_\_\_\_ times per week, month, year. Notification will include the following information:

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\_\_\_\_ Describe the activities provided to support the student in general education classes:

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Secondary disabilities/behaviors or other problems occur as a result of the primary disability when the student's educational needs are not met or s/he cannot access the curriculum; secondary disabilities/behaviors can be prevented or lessened by a better understanding of the student's primary disability, educational needs, how the student learns, and appropriate interventions or educational provisions.

\_\_\_\_ Identified secondary disabilities/behaviors:

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\_\_\_\_ Program supports for secondary behaviors:

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### Section 9 Assessments/Evaluations

The 504 committee reviewed the following to arrive at its recommendations for this 504 plan:

- \_\_\_\_ parent report/input    \_\_\_\_ medical evaluations/diagnosis/school nurse
- \_\_\_\_ psycho-educational reports    \_\_\_\_ grade/progress reports    \_\_\_\_ student report/input
- \_\_\_\_ SST report/input    \_\_\_\_ standardized tests    \_\_\_\_ behavior/discipline reports/records
- \_\_\_\_ other testing/assessment/evaluations \_\_\_\_\_
- \_\_\_\_ other \_\_\_\_\_    \_\_\_\_ teacher reports/input
- \_\_\_\_ home observation    \_\_\_\_ "blind" observation \_\_\_\_\_



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### **Section 10 Participation in General Education Least Restrictive Environment and Placement**

\_\_\_\_The team considered the following placement options to implement the individualized Section 504 plan in order for his/her educational needs to be met and to have access to curricular and non-curricular activities to the maximum extent appropriate:

- \_\_\_\_regular classroom    \_\_\_\_regular classroom with consultation
- \_\_\_\_regular classroom plus resource person    \_\_\_\_part-time special class
- \_\_\_\_full-time special class    \_\_\_\_special day school    \_\_\_\_residential school
- \_\_\_\_home    \_\_\_\_hospital    \_\_\_\_institution    \_\_\_\_other \_\_\_\_\_

Appropriate education is the provision of regular or special education and related services that are designed to meet the individual educational needs of handicapped persons as adequately as the needs of nonhandicapped persons are met. Implementation of an individualized education program (IEP) developed in accordance with the Education of Handicapped Act is one means of meeting the standard.

Placement recommendation \_\_\_\_\_

### **Section 11 State and District-wide Assessments and the California High School Exit Exam (CAHSEE)**

\_\_\_\_The student will need to pass the CAHSEE in addition to other graduation requirements in order to receive a high school diploma.

\_\_\_\_The student will take the CAHSEE without modifications/accommodations.

\_\_\_\_The student will participate in State and District-wide assessments without accommodations/modifications.

\_\_\_\_The student will take the CAHSEE with modifications/accommodations.

\_\_\_\_The student will participate in State and District-wide assessments with accommodations/modifications.

Modifications/Accommodations for testing:

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### Section 12 Program options considered (academic and non-academic settings):

\_\_\_\_general education    \_\_\_\_resource specialist program    \_\_\_\_social day class

\_\_\_\_other \_\_\_\_\_

Possible considerations for program options include but are not limited to inappropriate curriculum content/level, need for reduced pupil/teacher ratio, special medical needs of student, need for controlled environment, environment too restrictive, related services needs, safety needs of other students, safety needs of student.

Non-academic and extra-curricular services and activities shall be provided in such a manner as is necessary to afford the student an equal opportunity for participation in such services and activities. Non-academic and extra-curricular services and activities may include counseling services, physical recreational athletics, transportation, health services, recreational activities, special interest groups or clubs sponsored by the recipients, referrals to agencies which provide assistance to handicapped persons, and employment of students, including both employment by the recipient and assistance in making outside employment available.

### Section 13 Support Services (including but not limited to):

\_\_\_\_psychological (testing and evaluation) services    \_\_\_\_counseling

\_\_\_\_services for diagnostic or evaluation purposes    \_\_\_\_physical therapy

\_\_\_\_occupational therapy    \_\_\_\_orientation and mobility instruction

\_\_\_\_speech pathology    \_\_\_\_audiology    \_\_\_\_interpreter services

\_\_\_\_other \_\_\_\_\_

### Section 14 High School Graduation Standards

\_\_\_\_graduation from high school with diploma

\_\_\_\_certificate of completion    \_\_\_\_other \_\_\_\_\_

### Section 15 Section 504 Coordinator

Name \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_



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### Section 16 Distribution and Implementation of the Individualized Section 504 Plan

Expected date of implementation \_\_\_\_\_

Copies of this plan will be distributed to (specify by name):

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Person responsible for monitoring and coordination of this 504 plan \_\_\_\_\_

### Section 17 504 Plan Dates

Next 504 plan meeting \_\_\_\_\_ Annual \_\_\_\_\_ 3 year reevaluation \_\_\_\_\_

### Section 18 Section 504 Committee Members

Signature

Title

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### Section 19 Parent Consent

\_\_\_\_ I agree to the 504 Plan \_\_\_\_\_ I disagree with the 504 Plan

\_\_\_\_ I agree to the following sections of the 504 plan \_\_\_\_\_

\_\_\_\_ I agree to dismissal from Section 504

Signature \_\_\_\_\_ Date \_\_\_\_\_





