SECTION 504 PLAN

Student's Name:		Birth Date:	Grade:
Date:	School:		
Building 504 Coordinator	:		
Parent:			
Home Phone:	Work Phone:		
Parent Address:			
504 Team Members: (fill in	n names and check	area of knowledge)	Accommodations/
Name of Team Member	<u>Child</u>	Meaning of evaluation data	placement options
Describe the nature	e of the concern:		
2. Summary of evalua	ation information: _		
3. Student	is disabled ur		

4.	If disabled under 504, state how the disability substantially limits a major life activity:				
5.	Regular or special education, and related aids and 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.					
	ement, Aids and Services to be emented	By Whom	Setting/Location		
7.	Re-Assessment/Review Date:		(Must be completed)		

Commitment Signatures

District	: Commitment: The District will impler	nent the recommended plan.			
Date of	Implementation:				
Building	504 Coordinator	Date			
Parent:					
		ocess rights and procedural safeguards (Form 2260.01A e Section 504 Policy and Procedures.			
	I agree with the 504 Plan.				
	I disagree with the 504 Plan but will allow implementation. The reasons for my disagreement are:				
		would like information on how to request a due process reement are:			
Parent/0	Guardian	 			
Copy: S	Student's Cumulative File				
5/12 10/12					