

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 names and check area of knowledge)

<u>Name of Team Member</u>	<u>Child</u>	<u>Meaning of evaluation data</u>	<u>Accommodations/ placement options</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1. Describe the nature of the concern: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Summary of evaluation information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Student \_\_\_\_\_ is disabled under 504  
\_\_\_\_\_ is not disabled under 504



**Commitment Signatures**

**District Commitment:** The District will implement the recommended plan.

Date of Implementation: \_\_\_\_\_

\_\_\_\_\_  
Building 504 Coordinator

\_\_\_\_\_  
Date

**Parent:**

\_\_\_\_\_ I have been informed of my due process rights and procedural safeguards (Form 2260.01A F3) and have received a copy of the 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: \_\_\_\_\_

\_\_\_\_\_ 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

\_\_\_\_\_  
Date

Copy: Student's Cumulative File

5/12  
10/12