**Enter LEA Name Here**

Section 504 Plan

*(Accommodations, related aids, and services the student needs to access and benefit from his or her education, based on disability as defined under Section 504.)*

|  |  | **Date:** | Enter date |
| --- | --- | --- | --- |
| **Student:** | Enter name |  |  |
| **School:** | Enter name of school | **SSID:** | Enter state student ID number |
| **Grade:** | Enter grade | **DOB:** | Enter date of birth |

# Services and Accommodations

(*Include all accommodations, related aids, and services the student needs to participate and benefit from his or her education, including those related to instruction, learning environment, behavior, social skills, accessibility, etc.)*

|  | Specific areas of student need, as identified in the evaluation *(Academic, Environmental, Mobility, Behavioral/Social, Health, Other)*. | Services or accommodations necessary for student to participate and benefit in the school’s programs and activities. | *When* student needs the accommodations, aids, or services identified. \* |
| --- | --- | --- | --- |
| 1. |  | Enter text | Enter text |
| 2. |  | Enter text | Enter text |
| 3. |  | Enter text | Enter text |
| 4. |  | Enter text | Enter text |

**\* *Be as specific as possible.*** *For example, rather than “as needed,” specify when the student needs a specific accommodation, based on the evaluation data. Instead of “preferential seating,” for example, clearly describe where the student should sit (e.g., by the door, close to the teacher, etc.).*

**Special instructions or considerations (e.g., field trips, extracurricular activities), if any.** N/A

| Enter text |
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# 504 Team

*(The 504 Team will review and consider evaluation data when determining what accommodations, aids, and services are necessary for the student. At a minimum, the team will include: (1) someone who knows the student—for example, a parent, teacher, physician, nurse, or counselor; (2) someone who can analyze and interpret the evaluation data; and (3) someone who is knowledgeable about placement options at the school. Note that a staff person can fill more than one of these.)*

| **504 Team** |
| --- |
| |  |  |  |  | | --- | --- | --- | --- | | **Name** | Enter name | **Title** | Enter title | | **Signature** |  | | **Phone** | Enter phone number | **Email** | Enter email address | | **This person knows:**  the student  the meaning of the evaluation data  placement options | | | |  |  |  |  |  | | --- | --- | --- | --- | | **Name** | Enter name | **Title** | Enter title | | **Signature** |  | | **Phone** | Enter phone number | **Email** | Enter email address | | **This person knows:**  the student  the meaning of the evaluation data  placement options | | | |  |  |  |  |  | | --- | --- | --- | --- | | **Name** | Enter name | **Title** | Enter title | | **Signature** |  | | **Phone** | Enter phone number | **Email** | Enter email address | | **This person knows:**  the student  the meaning of the evaluation data  placement options | | | |  |  |  |  |  | | --- | --- | --- | --- | | **Name** | Enter name | **Title** | Enter title | | **Signature** |  | | **Phone** | Enter phone number | **Email** | Enter email address | | **This person knows:**  the student  the meaning of the evaluation data  placement options | | | |  |  |  |  |  | | --- | --- | --- | --- | | **Name** | Enter name | **Title** | Enter title | | **Signature** |  | | **Phone** | Enter phone number | **Email** | Enter email address | | **This person knows:**  the student  the meaning of the evaluation data  placement options | | | |  |  |  |  |  | | --- | --- | --- | --- | | **Name** | Enter name | **Title** | Enter title | | **Signature** |  | | **Phone** | Enter phone number | **Email** | Enter email address | | **This person knows:**  the student  the meaning of the evaluation data  placement options | | | | |
|  |

**The plan will be provided to the following individuals, who are responsible for implementing the plan in full or in part** *(e.g., general education teachers, PE or other teachers, bus driver, coach, extra-curricular program staff):*

|  | Name | Title/role | Delivered |
| --- | --- | --- | --- |
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