

**MERIDEN PUBLIC SCHOOLS
SECTION 504 PLAN**

NAME: _____ DOB: _____ GRADE: _____

SCHOOL: _____

DATE OF MEETING: _____

1. Describe the nature of the concern:

2. Describe all evaluation data gathered:

3. Identify the disability (ies) (i.e., physical or mental impairment that substantially impacts one or more major life activities) :

4. Describe the basis for determining the disability (ies) (if any):

5. Describe how the disability affects each of the impacted major life activities:

6. Please describe the analysis undertaken to determine the potential impact on a major life activity, without consideration of the ameliorating effects of any “mitigating measures,” except for ordinary eyeglasses or contact lenses. Mitigating measures may include, but are not limited to, (a) medication, medical supplies, equipment, appliances, low-vision devices (defined as devices that magnify, enhance, or otherwise augment a visual image, but not including ordinary eyeglasses or contact lenses), prosthetics including limbs and devices, hearing aid(s) and cochlear implant(s) or other implantable hearing devices, mobility devices, oxygen therapy equipment and supplies; (b) use of assistive technology; (c) reasonable modifications or auxiliary aids or services; (d) learned behavioral or adaptive neurological modifications; or (e) psychotherapy, behavioral therapy, or physical therapy.

cc: Student's Cumulative File

11/19/2019