

SECTION 504 PLAN

NAME: _____ DOB: _____ GRADE: _____

SCHOOL: _____

DATE OF MEETING: _____

1. Describe the nature of the concern:

2. Identify the disability (if any):

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

4. Describe how the disability affects a major life activity:

5. In determining the potential impact on a major life activity, the team must consider the impact of the disability 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, medication, medical supplies, equipment, prosthetics, hearing aids and cochlear implants, mobility devices, assistive technology, reasonable accommodations and or learned behavioral or neurological modifications.

Did the team consider the impact of the disability on a major life activity **without** the potential impact of any mitigating measures (except for ordinary eyeglasses and contact lenses)? For example, if the student is currently using a hearing aid, did the team consider whether the student has a physical or mental impairment that substantially limits a major life activity if the student were not using the hearing aid?

Yes No

Please describe:

6. Does the student require accommodations in order to access his/her educational program(s) and/or to receive educational benefit? If so, please describe the accommodations which are necessary:

Review/Reassessment Date: _____
(*must be completed*)

Participants (Name and Title)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

cc: Student's Cumulative File

Updated: November 6, 2013