

PLEASE SEND A COPY OF THIS TO THE DISTRICT 504 DIRECTOR

SECTION 504 DISABILITY DETERMINATION ACCOMMODATION PLAN

SCHOOL: _____

SCHOOL SITE CASE MANAGER: _____

Name _____ Date of Request _____

Student Number _____ Parent/Guardian _____

Home Address _____ Home Telephone _____

City and Zip Code _____ Work Telephone _____

Student's Date of Birth _____ Student's Current Grade _____

Please assign someone to take minutes/notes of the meeting.

I. Justification for Services:

Disability Determination

Medical Evidence Yes _____ No _____ N/A _____

Educationally Relevant Yes _____ No _____ N/A _____

Please Attach Copy(s)

Does the student have a physical or mental impairment which substantially limits one or more major life activity?

Yes _____ No _____

If yes, please indicate which one(s) below:

_____ Caring for One's Self	_____ Hearing	_____ Reading	_____ Thinking
_____ Performing Manual Tasks	_____ Speaking	_____ Sleeping	_____ Communicating
_____ Walking	_____ Working	_____ Standing	_____ Major Bodily Functions
_____ Seeing	_____ Learning	_____ Lifting	(immune system & normal cell growth)
_____ Breathing	_____ Bending	_____ Concentrating	

Regardless of your team's decision (yes or no), please comment on the team's rationale for making this determination:

II. Accommodations

* The _____ 504 team has reviewed the files of the above named student and concludes that he/she meets the classification as a qualified handicapped individual under Section 504 of the Rehabilitation Act of 1973. In accordance with the Section 504 guidelines, the school has agreed to make reasonable accommodations and address the student's individual needs by:

Physical Arrangement of Room:

- _____ seating student near the teacher
 - _____ seating student near a positive role model
 - _____ a teacher standing near the student when giving directions or presenting lessons
 - _____ avoiding distracting stimuli (air conditioner, high traffic area, etc.) seating
 - _____ increasing the distance between the desks
 - _____ *Additional accommodations:*
-
-
-

Lesson Preparation:

- _____ pairing students to check work
 - _____ writing key point on the board
 - _____ providing peer tutoring
 - _____ providing visual aides
 - _____ providing peer monitor/note taker
 - _____ making sure directions are understood
 - _____ including a variety of activities during each lesson
 - _____ breaking longer presentations into shorter segments
 - _____ *Additional accommodations:*
- _____ providing written outline
 - _____ allowing student to tape record lessons
 - _____ having child review key points orally
 - _____ teaching through multi-sensory modes
 - _____ using computer-assisted instruction
-
-
-

Assignments/Worksheets:

- _____ giving extra time to complete tasks
 - _____ simplifying complex directions
 - _____ handing worksheets out one at a time
 - _____ reducing the reading level of the assignments
 - _____ requiring fewer correct responses to achieve grade
 - _____ allowing student to tape record assignments/homework
 - _____ providing study skills training/learning strategies
 - _____ giving frequent short quizzes and avoiding long tests
 - _____ shortening assignments: breaking work into smaller segments
 - _____ allowing typewritten or computer printed assignments
 - _____ *Additional accommodations:*
- _____ using self monitoring devices
 - _____ reducing homework assignments
 - _____ not grading handwriting
-
-
-

*School Name

Student _____

Transportation: _____ Yes _____ No

Wheelchair: _____ Yes _____ No

Bus: _____ Yes _____ No

Other: _____ Yes _____ No

Test Taking:

_____ allowing open book exams

_____ allowing extra time for exam

_____ giving exam orally

_____ reading test item to student

_____ giving take home tests

_____ using more objective items (fewer essay responses)

_____ allowing student to give test answers on tape recorder

_____ giving frequent short quizzes, not long exams

_____ *Additional accommodations:*

Organization:

_____ providing peer assistance with organizational skills

_____ assigning volunteer homework buddy

_____ allowing student to have an extra set of books at home

_____ sending daily/weekly progress reports home

_____ developing a reward system for in-schoolwork and homework completion

_____ providing student with a homework assignment

_____ *Additional accommodations:*

Behaviors:

_____ praising specific behaviors

_____ allowing legitimate movement

_____ using self-monitoring strategies

_____ contracting with the student

_____ giving extra privileges and rewards

_____ increasing the immediacy of rewards

_____ keeping classroom rules simple and clear

_____ implementing time-out procedures

_____ making "prudent use" of negative consequences

_____ allowing for short reads between assignments

_____ ignoring inappropriate behaviors not drastically outside classroom limits

_____ *Additional accommodations:*

Medication:

Name of physician: _____ Phone: _____

Medication(s): _____ Schedule: _____

_____ Schedule: _____

Monitoring of medication(s): _____ daily _____ weekly _____ as needed basis

Administered by: _____

Medical Plan: _____ Yes _____ No A copy can be found _____

Student _____

Special Consideration(s):

- suggesting parenting programs(s)
- monitoring student closely on field trip
- in-servicing teacher(s) on child's disability
- providing social skills group experiences
- developing intervention strategies for transitional periods (e.g., cafeteria, physical education, etc.)
- alerting bus driver
- suggesting agency involvement
- providing group/individual counseling

Discipline (check one):

- This student's Section 504 disability would not cause him to violate school rules .
 - This student's Section 504 disability could cause him to violate school rules.
- (If second box is checked, accommodations must be written/added to this plan.)
(See behaviors)

Duration of Accommodation: From _____ **To** _____

Review Dates:

First Trimester _____

Second Trimester _____

Third Trimester _____

III. Recommended minimum:

	Name	Date
Administrator:	_____	_____
Psychologist:	_____	_____
504 Coordinator:	_____	_____
Teacher(s):	_____	_____
	_____	_____

Parent is not a required member of the team but should always be part of this process

	Name	Date
Parent:	_____	_____
Parent:	_____	_____

If appropriate

Student: _____

Please send a copy of this completed form to the District 504 Director

Team members must include:

- Person knowledgeable of testing used**
- Person knowledgeable of child**
- Person knowledgeable of placement options**

Copy forwarded to next school at end of the year:

School: _____

Date: _____