

# SAU 24 SECTION 504 PLAN

|  |           |        |
|--|-----------|--------|
| Student's Name:                              | DOB:      | Grade: |
| Functional limitations of impairment:        |           |        |
| School:                                      |           |        |
| School Contact Person:                       | Position: |        |
| Date of meeting at which Plan was developed: |           |        |

**A. Team Members (Check the categories that apply to each Team member below)**

| NAME/POSITION: | KNOWLEDGEABLE ABOUT:           |   |   |
|----------------|--------------------------------|---|---|
|                | <input type="checkbox"/> Child | <input type="checkbox"/> Meaning of Evaluation Data | <input type="checkbox"/> Accommodations/Placement Options |
|                | <input type="checkbox"/> Child | <input type="checkbox"/> Meaning of Evaluation Data | <input type="checkbox"/> Accommodations/Placement Options |
|                | <input type="checkbox"/> Child | <input type="checkbox"/> Meaning of Evaluation Data | <input type="checkbox"/> Accommodations/Placement Options |
|                | <input type="checkbox"/> Child | <input type="checkbox"/> Meaning of Evaluation Data | <input type="checkbox"/> Accommodations/Placement Options |

**B. Accommodations/Related Aids and Services**

*Note: After eligibility has been determined, the Team should consider the student's current functional limitations with consideration of the use of mitigating measures in developing the 504 Plan. All accommodations or related aids and services should be directly linked to the student's disability and should be measures that are unique to and necessary for the student to benefit from the program.*

The Team believes that the following accommodations or related aids and services are necessary for the student to access and benefit from his or her educational program :

|   |
|---|
| THE SCHOOL WILL:<br>(state action and person responsible) |
|   |
| THE PARENT(S) WILL:                                       |
|   |
| THE STUDENT WILL:   |
|   |

|  |  |                                    |
|--|--|------------------------------------|
| PARTICIPATION IN ASSESSMENTS:              |  |                                    |
| <input type="checkbox"/> No accommodations | <input type="checkbox"/> With accommodations | Specify assessment accommodations: |

Distribution List:    Teachers    Nurse    Extracurricular Staff    Others

|  |
|--|
| Recall that students with a past "record" of a disability may occasionally need an accommodation such as time away from school for a check up on their former condition. |
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