**DISTRICT/SCHOOL NAME**

Date: Click or tap here to enter text.  **Initial  Annual Review**  **Intermittent Review**

Student Name: Click or tap here to enter text. Student ID#: Click or tap here to enter text.

School: Click or tap here to enter text. Grade: Click or tap here to enter text. DOB: Click or tap here to enter text.

Date of Evaluation: Click or tap here to enter text. Date of Eligibility Determination: Click or tap here to enter text.

The Section 504 Committee must include persons with knowledge of the student, the meaning of the evaluation data and the placement options.

|  |  |  |
| --- | --- | --- |
| Name/Signature | Position/Title | Date |
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Date: Click or tap here to enter text.

Student Name: Click or tap here to enter text. Student ID#: Click or tap here to enter text.

The school’s Section 504 Committee has identified the student as an individual with a disability under Section 504 and the Americans with Disabilities Act due to a physical or mental impairment that substantially limits a major life activity.

**MITIGATING MEASURES CURRENTLY IN EFFECT**

|  |  |
| --- | --- |
| The student is currently utilizing the following mitigating measures that lessen the effects of the impairment and do not require monitoring or any involvement by the school.The Committee will reconsider the need for services 1) at an annual meeting of the Section 504 Committee, and 2) at any other time at school or parent request. | Click or tap here to enter text. |
| The student is currently utilizing the following mitigating measures either in-school or out of school that require some type of monitoring and communication, contingency or emergency measures, or services by the school: | Click or tap here to enter text. |
| The school will provide the following monitoring of or assistance with the mitigating measures while the student is in school (e.g., battery check, device check, periodic checks for skin rash or allergic reaction, medication administration at school): | Click or tap here to enter text. |
| The school will provide the following mitigating measures (e.g., assistive technology, reasonable accommodations, MLSS, auxiliary aids or services): | Click or tap here to enter text. |
| The parents should be contacted if the following occurs: | Click or tap here to enter text. |

Date: Click or tap here to enter text.

Student Name: Click or tap here to enter text. Student ID#: Click or tap here to enter text.

**NEEDED ACCOMMODATIONS**

| Student need Identified by Evaluation | Accommodation to Address Need | Special Materials/Training Needed | Criteria for Evaluating Success |
| --- | --- | --- | --- |
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**NEEDED RELATED SERVICES:**

|  |  |  |  |
| --- | --- | --- | --- |
| Related Service | Frequency | Location | Duration |
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**DISCIPLINE:**

The student will follow the school-wide discipline plan subject to Section 504 discipline procedures, i.e., Manifestation Determination review requirements.

The student requires a Functional Behavior Assessment (FBA) and Behavioral Intervention Plan (BIP) as a supplement to the school-wide discipline plan.

|  |  |  |  |
| --- | --- | --- | --- |
| Functional Behavior Assessment | | Behavior Intervention Plan | |
|  | In Progress |  | In Progress |
|  | Date FBA completed: Click or tap here to enter text. |  | Date BIP Completed: Click or tap here to enter text. |
|  | Date FBA Reviewed by Section 504 Committee: Click or tap here to enter text. |  | Date BIP Reviewed by Section 504 Committee:Click or tap here to enter text. |

Date: Click or tap here to enter text.

Student Name: Click or tap here to enter text. Student ID#: Click or tap here to enter text.

**HEALTH CARE PLAN**

A Health Care Plan is needed and attached as part of the student’s Section 504 Plan.

The Committee determined that the nurse, in consultation with the Parent, can revise the Health Care Plan of the

student based on new physician’s orders.

Yes  No (If no, the Committee will need to re-convene if new physician’s orders are issued.)

**EMERGENCY/CONTINGENCY PLANS**

Check if this plan is for a student whose impairment is episodic, in remission, or otherwise not active at present.