

ACCOMMODATION PLANS

There are no “set documentation or forms” for Section 504. Keep it simple, but document as necessary. Maintaining good and adequate documentation is always a good practice.

This section provides an example of forms that could be used as an identification and accommodation plan. All Section 504 documentation falls under the requirements of the Family Educational Rights and Privacy Act (FERPA).

**SECTION 504
IDENTIFICATION AND STUDENT ACCOMMODATION PLAN**

Student: _____

_____ Date: _____

School: _____

_____ DOB: _____

Review date: _____

Case manager: _____

PART 1: IDENTIFICATION

1. Does the student have a physical or mental impairment that substantially limits one or more of his/her major life activities? YES NO

2. Has the student been evaluated? YES NO

3. Is the student impaired under Section 504? YES NO

- | | | | |
|--|--|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Caring for oneself | <input type="checkbox"/> Sleeping | <input type="checkbox"/> Standing | <input type="checkbox"/> Breathing |
| <input type="checkbox"/> Performing manual tasks | <input type="checkbox"/> Learning | <input type="checkbox"/> Lifting | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Seeing | <input type="checkbox"/> Concentrating | <input type="checkbox"/> Bending | <input type="checkbox"/> Thinking |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Communicating | <input type="checkbox"/> Speaking | <input type="checkbox"/> Working |
| <input type="checkbox"/> Eating | <input type="checkbox"/> Walking | <input type="checkbox"/> Other | |

4. Explain any mitigating measures: _____

5. Briefly document the basis for determining the impairment (Evaluation data): _____

SECTION 504 IDENTIFICATION AND ACCOMMODATION PLAN

Student: _____

Date: _____

School: _____

Case Manger: _____

Parents: _____

A. Identification

Mental and/or Physical Impairments: _____

Review of evaluation data: _____

SCHOOL INDIVIDUALIZED HEALTH CARE PLAN

Student: _____

Date: _____

Birth date: _____

School: _____

Parent: _____

School Nurse: _____

Physician: _____

_____ General Education

_____ Special Education

_____ Section 504

1. Brief description of special health care needs: _____

INDIVIDUALIZED EMERGENCY CARE PLAN

Date: _____

Student: _____

School: _____

Birth date: _____

Grade: _____

Preferred Hospital in Case of Emergency: _____

Phone: _____

Parent/Guardian: _____

Phone: _____ (h)

Phone: _____ (w)

Physician: _____

Phone: _____

1. Medical condition: _____

2. Treatment program: _____

3. Signs of emergency: _____

4. Actions to take during emergency: _____

5. If an emergency occurs and is life threatening, immediately call “911” or designated emergency number.

- a. State who you are.
- b. State where you are.
- c. State problem.
- d. Stay with student or designate another adult to do so.
- e. Administer emergency procedures

The following staff members are trained to deal with an emergency and to initiate the appropriate procedures: _____

I approve the above Emergency Care Plan and request that school personnel follow the above plan in the event of an emergency involving my student. I will notify the school immediately if my student’s health status changes or if there is a change or cancellation of this Emergency Care Plan.

In consideration of this authorization made at our request, the undersigned agrees to indemnify, defend, and save harmless the school board, the individual members thereof, and any officials or employees involved in the rendering of care in accord with the above Emergency Care Plan from any claims or liability for injury or damages, including but not limited to costs and reasonable attorney’s fees, caused or claimed to be caused or to result from the administration of care in accord with the above Emergency Care Plan.

Parent/Guardian: _____

_____ Date: _____

Address: _____

***Always check and get approval of the health care/emergency plan from the school nurse.**

Section 504 Plan Review

Student _____

Date _____

Case Manager _____

Purpose of meeting: It is necessary to periodically review the student's progress under Section 504 services and make recommendations to continue, modify, or terminate the program(s) (504 plan should be reviewed once each year.)

Discussion of progress _____

Recommendation

- Continue present services with no changes.
- Modify the present Accommodation Plan (see new plan attached).
- Conduct additional evaluations.
- Exit from Section 504 services based upon the following evaluation results/rationale.

Discussion of recommendations:

The following members of the Section 504 Team participated in this review:

Signature(s)

Parent /Guardian

Parent/Guardian

Signature: _____

Title: _____ Date: _____

Copies: Parent
Student file