

## Section 504 Accommodation Plan\*

School Year: \_\_\_\_\_

Date of 504 Team Meeting: \_\_\_\_\_

School DBN and Name: \_\_\_\_\_

*\*For students with diabetes who require accommodations, utilize the Diabetes Section 504 Accommodation Plan Template.*

This Plan will be reviewed as needed and before the end of each school year and, if necessary, amended at the time of the review. Parent/guardian will inform the 504 Coordinator of any changes to the student's disability at any point during the school year that may require review of this Plan.

**The 504 Coordinator will complete this Plan with 504 Team (including parent/guardian) input and based upon relevant documentation** (e.g., reports, evaluations and/or medical records (including diagnoses) provided by the student's parent/guardian, student's disciplinary referrals, health information, language surveys, parent/guardian information, standardized test scores, grades, and teacher comments).

The student will be permitted to participate in all DOE field trips and DOE extracurricular activities (such as DOE afterschool activities, sports, clubs, and enrichment programs) without restriction and with all of the accommodations and modifications, including necessary care by identified school personnel, set out in this Plan. The student's parent/guardian will not be required to, but may choose to, accompany the student on field trips or any other school activity.

### Student & Family Information

Student Name: \_\_\_\_\_ Disability/Diagnosis: \_\_\_\_\_

OSIS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Preferred Spoken and Written Language(s): \_\_\_\_\_

Classroom/ Homeroom Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Paraprofessional Name (if applicable): \_\_\_\_\_

Home Address: \_\_\_\_\_

### Emergency Contact Detail

#### Contact 1:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

#### Contact 2:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

**Emergency Contact Instructions:** In the event of emergency, the student's Plan and MAF (if relevant) will remain in effect.

### 504 Team Information

Name	Role
1.	504 Coordinator
2.	Parent/Guardian
3.	
4.	
5.	
6.	

### Service & Accommodations

504 Coordinator enters all authorized Services & Accommodations, specifies the accommodations to be provided (*e.g.: Test Accommodations – smaller setting with no more than 12 students, extended time to 1.5, 5 minute break every 30 minutes*), and marks any fields not applicable N/A.

#### Accommodation and Description of Accommodation

ACCESSIBLE SITE  N/A  New  Renewal

AIR CONDITIONING  N/A  New  Renewal

AMBULATION ASSISTANCE  N/A  New  Renewal

ASSISTIVE TECHNOLOGY  N/A  New  Renewal

CLASSROOM ACCOMMODATIONS  N/A  New  Renewal

### Accommodation and Description of Accommodation (Continued)

HEALTH PARAPROFESSIONAL  N/A  New  Renewal

ELEVATOR PASS  N/A  New  Renewal

*As applicable, school staff should ensure that the student has access to an elevator if needed and should accompany the student on the elevator wherever possible (students are not issued elevator keys/key cards).*

EPI-PEN  N/A  New  Renewal

RESTRICTED ACTIVITY  N/A  New  Renewal

SAFETY NET (High School only)  N/A  New  Renewal

TESTING ACCOMMODATIONS  N/A  New  Renewal

TRANSPORTATION  N/A  New  Renewal

*(504 Coordinator: check one of the following as applicable after confirming with school’s Transportation Coordinator. As approved by OPT).*

The DOE shall provide the following for the student’s bus ride to and from school each day:

- not applicable (bus transportation (“busing”) not provided);
- transportation nurse;
- transportation paraprofessional;
- curb-to-school busing with attendant only;
- stop-to-school busing with no attendant.

OTHER – Please describe:  N/A  New  Renewal



**School Responsibilities**

*Indicate staff who will provide each accommodation*

Accommodation	DOE School Staff Name	DOE Title	Responsibilities (if not specified above)
1.			
2.			
3.			
4.			
5.			

**I have received the DOE Notice of Non-Discrimination under Section 504 and the Notice of Eligibility Determination. By signing, I consent to the provision of the accommodation to my child as written above.**

**Approved and received:**

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

**Approved and received:**

\_\_\_\_\_  
School Administrator/504 Coordinator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**ADMINISTRATIVE USE ONLY**

**Notes on Services Requested but Not Approved (Notes from the 504 Coordinator)**

**Notes on Accommodations Offered but Not Authorized by Parent (Notes from the 504 Coordinator)**

**Supporting Documentation**

*Has compliance information and the following documentation been uploaded into the Student Accommodation System?*

- 504 Accommodation Request Forms
- [Notice of Non-Discrimination under Section 504](#)
- Notice of Eligibility Determination
- 504 Meeting Attendance Sheet
- Signed 504 Plan
- Allergy Response or Seizure Action Plan *(if applicable)*

*Has the 504 information also been entered into the ATS S504 screen?*

**Health Director Approval**

*(If a funded service is authorized by your Health Director)*

ASHR Form ID: \_\_\_\_\_