

Sevier County Schools Section 504 Accommodation Plan

Part 1: Review Request (pre-meeting)

Student Name _____ Date _____
Student # _____ Birth Date _____
Address _____ City _____ State/Zip _____
Parent(s) Name(s) _____
Home Phone _____ Work Phone _____
Building 504 Coordinator or designee _____ Phone _____

Section 504 of the Rehabilitation Act of 1973 is designed to prohibit discrimination based on disability in any program or activity receiving Federal money. This statute obligates most public schools to provide equal access and equal opportunity to otherwise qualified persons with disabilities. For a student to be eligible for a 504 plan, the student must meet all three of the following criteria. It must be because of this disability that the student is unable to gain equal access and benefit from school programs and services.

- A physical or mental impairment (has a history of having a physical or mental impairment)
- That **substantially** limits
- One or more major life activities

If you believe that a student may be eligible for Section 504 support please complete the following form and submit it to your school's principal or building 504 coordinator.

Please describe the student concern and how it matches the above criteria.

Part 2: Pre-Meeting Details:

(To be accomplished by building 504 coordinator or designee.)

1. Based on information gathered as part of this review request will an eligibility meeting be scheduled? Yes _____ No _____

If "No" briefly explain _____

2. The purpose of this meeting is to conduct: Initial review _____ Yearly review _____
Other (describe) _____

3. Does additional information need to be secured before the eligibility meeting is convened?
Yes _____ No _____

If "Yes" identify information needed for the eligibility meeting, and who is responsible for securing this information. _____

4. The Office of Civil Rights (OCR) mandates that the following documents must be provided to parent(s)/guardian(s) before an eligibility meeting is held. Please list the date each of the following was provided in the space below.

| | Date sent |
|--------------------------------------|-----------|
| • Parent/student Section 504 rights | _____ |
| • Parent Notice: Section 504 meeting | _____ |

5. Eligibility meeting details
Eligibility meeting date/time _____ Location _____

Notes

Part 3a: 504 Eligibility Meeting

The 504-eligibility team is to include individuals who are knowledgeable about the student and the meaning of the data/information reviewed. The information reviewed by the eligibility team should be current and focus on the area of concern. All eligibility team members sign on page 5.

1. Area(s) of concern _____

2. Summary of formal performance data reviewed (e.g. CSAP, ITED, Grades, Terra Nova, etc.)

3. Summary of staff reports/comments _____

4. Summary of parent(s)/guardian(s) report/comments _____

5. Other pertinent information _____

Part 3b: Eligibility Statement

Based on the eligibility team’s findings answer the following questions.

1. Does the student have a disability or handicap that **substantially** limits one or more life activities? Yes _____ No _____

Explain: _____

2. If “Yes” which of the following major life activities is being **substantially** limited by the disability or handicap?

Learning _____ Seeing _____ Hearing _____ Breathing _____
Walking _____ Speaking _____ Working _____ Caring for self _____
Other (describe) _____

3. Does the disability impact the student’s ability to receive equal access and benefit from school programs and services? Yes _____ No _____

- ◆ If the eligibility team answered “**Yes**” to question 1 and 3 and the team identified a major life activity that is substantially limited by this condition, the student is eligible for a 504 accommodation plan. The eligibility team is to proceed to Part 4.
- ◆ If the eligibility team answered “**No**” complete this eligibility meeting by documenting the team’s rationale in the space below and completing page 6.

5. Eligibility team participants (and accommodation plan participants if student is eligible):

Name

Title

Date

6. Date for 504 accommodation plan review: _____

The building 504 coordinator or designee will be responsible for scheduling and assembling staff needed to conduct this review.

7. Parent/Guardian statements:

_____ I received a written notice of my rights under Section 504.

_____ I received notice of the Section 504 evaluation and accommodation plan meeting.

_____ I agree with the Section 504 plan as written.

_____ I understand that, if I disagree with the content of this plan, I have the right to ask for a Section 504 review meeting by filing a written request with the school principal, building 504 coordinator or designee.

Parent/guardian signature

Date

Parent/guardian signature

Date

- **File this original 504 Accommodation Plan (all 6 pages) in the student's cumulative file.**
- **If this plan is no longer needed by the student it must be officially terminated by a 504-evaluation committee. Have the committee convene, complete a Section 504 Termination Form and attach the completed form to the front of this Section 504 Accommodation Plan.**