Section 504 Plan

_____ LEA NAME

Student Full Name_____ Date_____

School_____ Date of Birth_____

Parent(s)/Guardian(s)_____ Grade_____

Address_____ WVEIS #_____

City/State/Zip_____ Telephone_____

□ Initial Section 504 Plan □ Section 504 Plan Review □ Amended on _____

Date the Section 504 Plan will become effective _____ Anticipated date for the next Section 504 Review_____

List the student's qualifying impairment(s):_____

Does this student require testing accommodations for the General Summative Assessment for grades 3-8, SAT School Day or NAEP?

□ YES □ NO If yes, complete and attach the Section 504 Assessment Accommodation Form

Does the student also have an English Learner (EL) Plan? □ YES □ NO If yes, attach the plan

Does the student have an individualized nursing health plan (IHP)? □ YES □ NO If yes, attach the plan.

Does the student require any related services? □ YES □ NO If yes, attach the related service page.

Does the student have a Behavior Intervention Plan (BIP)? □ YES □ NO If, yes attach the plan.

List the reasonable accommodations necessary for the student based on their impairment(s):

ACCOMMODATION	FREQUENCY	LOCATION(S)	PERSON(S) RESPONSIBLE

SECTION 504 ATTENDANCE

(Signing only indicates that the person participated. It does not imply agreement with the entire document)

Signature	**Position**
_____	School Section 504 Coordinator/Chairperson
_____	Teacher
_____	Evaluator
_____	School Nurse
_____	Parent/Guardian/Adult Student
_____	Student
_____	_____
_____	_____
_____	_____
_____	_____

The following people attended by phone or through a virtual platform:

Printed/Typed Name	**Position**
_____	_____
_____	_____
_____	_____
_____	_____