

Section 504 Plan

_____ **County Schools**

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, attach the Testing Accommodation Appendix

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 not agrees 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:

Signature

Position

