

Provo City School District
Policy Series 3000: Students

3440 F1

PLEASE SEND A COPY OF THIS TO THE DISTRICT 504 DIRECTOR

SECTION 504 DISABILITY DETERMINATION ACCOMMODATION PLAN

SCHOOL: _____

SCHOOL SITE CASE MANAGER: _____

Name _____ Date of Request _____

Student Number _____ Parent/Guardian _____

Home Address _____ Home Telephone _____

City and Zip Code _____ Work Telephone _____

Student's Date of Birth _____ Student's Current Grade _____

Please assign someone to take minutes/notes of the meeting.

I. Justification for Services:

Disability Determination

Medical Evidence Yes _____ No _____ N/A _____

Educationally Relevant Yes _____ No _____ N/A _____

Please Attach Copy(s)

Does the student have a physical or mental impairment which substantially limits one or more major life activity?

Yes _____ No _____

If yes, please indicate which one(s) below:

_____ Caring for One's Self _____ Hearing

_____ Performing Manual Tasks _____ Speaking

_____ Walking _____ Working

_____ Seeing _____ Learning

_____ Breathing

Regardless of your team's decision (yes or no), please comment on the team's rationale for making this determination:

Student _____

II. Accommodations

* The _____ 504 team has reviewed the files of the above named student and concludes that he/she meets the classification as a qualified handicapped individual under Section 504 of the Rehabilitation Act of 1973. In accordance with the Section 504 guidelines, the school has agreed to make

reasonable accommodations and address the student's individual needs by:

Physical Arrangement of Room:

- seating student near the teacher
 - seating student near a positive role model
 - a teacher standing near the student when giving directions or presenting lessons
 - avoiding distracting stimuli (air conditioner, high traffic area, etc.) seating
 - increasing the distance between the desks
 - Additional accommodations:* _____
-

Lesson Preparation:

- pairing students to check work providing written outline
 - writing key point on the board allowing student to tape record lessons
 - providing peer tutoring having child review key points orally
 - providing visual aids teaching through multi-sensory modes
 - providing peer monitor/note taker using computer-assisted instruction
 - making sure directions are understood
 - including a variety of activities during each lesson
 - breaking longer presentations into shorter segments
 - Additional accommodations:* _____
-

Assignments/Worksheets:

- giving extra time to complete tasks using self-monitoring devices
 - simplifying complex directions reducing homework assignments
 - handing worksheets out one at a time not grading handwriting
 - reducing the reading level of the assignments
 - requiring fewer correct responses to achieve grade
 - allowing student to tape record assignments/homework
 - providing study skills training/learning strategies
 - giving frequent short quizzes and avoiding long tests
 - shortening assignments: breaking work into smaller segments
 - allowing typewritten or computer printed assignments
 - Additional accommodations:* _____
-

Student _____

Transportation: _____ Yes _____ No

Wheelchair: _____ Yes _____ No

Bus: _____ Yes _____ No

Other: _____ Yes _____ No

Test Taking:

- allowing open book exams
 - giving exam orally
 - giving take home tests
 - using more objective items (fewer essay responses)
 - allowing student to give test answers on tape recorder
 - giving frequent short quizzes, not long exams
 - Additional accommodations:* _____
-

allowing extra time for exam

reading test item to student

Organization:

- providing peer assistance with organizational skills
- assigning volunteer homework buddy

____ allowing student to have an extra set of books at home
____ sending daily/weekly progress reports home
____ developing a reward system for in-schoolwork and homework completion
____ providing student with a homework assignment
____ *Additional accommodations:* _____

Behaviors:

____ praising specific behaviors ____ allowing legitimate movement
____ using self-monitoring strategies ____ contracting with the student
____ giving extra privileges and rewards ____ increasing the immediacy of rewards
____ keeping classroom rules simple and clear ____ implementing time-out procedures
____ making "prudent use" of negative consequences
____ allowing for short reads between assignments
____ ignoring inappropriate behaviors not drastically outside classroom limits
____ *Additional accommodations:* _____

Medication:

Name of physician: _____ Phone: _____
Medication(s): _____ Schedule: _____

Monitoring of medication(s): _____ daily _____ weekly _____ as needed basis
Administered by: _____

Medical Plan: _____ Yes _____ No A copy can be found _____

Student _____

Special Consideration(s):

____ suggesting parenting programs(s) ____ alerting bus driver
____ monitoring student closely on field trip ____ suggesting agency involvement
____ in-servicing teacher(s) on child's disability ____ providing group/individual counseling
____ providing social skills group experiences
____ developing intervention strategies for transitional periods (e.g., cafeteria, physical education, etc.)

Discipline (check one):

____ This student's Section 504 disability (AIDS, asthma, other) would not cause him to violate school rules.
____ This student's Section 504 disability could cause him to violate school rules.
(If second box is checked, accommodations must be written/added to this plan.)
(See behaviors)

Duration of Accommodation: From _____ To _____

Review Dates:

First Quarter _____

Second Quarter _____

Third Quarter _____

Fourth Quarter _____

III. Recommended minimum:

	Name	Date
Administrator:	_____	_____

Psychologist: _____
504 Coordinator: _____
Teacher(s): _____

Parent is not a required member of the team but should always be part of this process

Name	Date
Parent: _____	_____
Parent: _____	_____
If appropriate	
Student: _____	_____

Please send a copy of this completed form to the District 504 Director
Team members must include:
Person knowledgeable of testing used
Person knowledgeable of child
Person knowledgeable of placement options

District 504 Director: _____ Date: _____