

Section 504 Equal Education Opportunity Plan

Name	Student ID	#	DOB	_//		
School G	rade	Disability				
Disability Category: (Check at least 1, See Section 504 Reporting Categories)						
□ Autism □ Brain injury impairment	□ Hearing	impairment 🛛 Lea	rning impair	rment		
□ Major bodily function impairment □	Medical impa	airment 🛛 Mental h	ealth impair	ment		
Orthopedic impairment Other impairment:						

The student has been found to be Section 504 eligible and requires the following accommodations based on evaluation information from a variety of sources that is documented on the Notice of Eligibility.

School and Classroom Accommodations

(Please use a separate page and attach, if necessary)

Student need to accommodate	Accommodation	Responsible Individual(s)
		-
		-
		_

State and Local Option Testing Program Before implementing accommodations on statewide and local option assessments, the accommodations must have been routinely used in the instructional program. **Additional Service Plans** Please attach appropriate plan(s) -

□ Health care plan □ Transportation plan

□ Behavior plan

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□ Other

Team Signatures/Title	am Signatures/Title Date	
	//	
	//	
Pa	rent Response	
 I consent for my son/daughter to receive EEOP and I understand that: The Section 504 team may be request or the request of school At least every three years a re- My consent is voluntary and maximum I do not give my consent for my son/ outlined on his/her EEOP. I understand the safeguards provided by Section 504 of the safeguards provided by Section 504 of	reconvened at lea of personnel; evaluation will be ay be revoked at a daughter to receiv nat my child will ne	ast annually and more often at my conducted; and any time. ve accommodations and services ot receive the accommodations or
□ I have received a copy of the Notice of	of Eligibility.	
□ I have received a copy of the Notice o	of Parent Rights.	
□ I understand that I may give consent a	t a later time.	
		//
Parent Signature		Date
Please outline and estimate the staffing	y and/or financia	I resources you are requesting.

Please send a copy of this completed form to the District 504 Director, Douglas Finch

District Director

Original: 504 Folder

Attachments: Notice of Eligibility Notice of Parent & Student Rights and Safeguards

____/___/____