



Section 504 Equal Education Opportunity Plan

Name _____ Student ID# _____ DOB _____

School _____ Grade _____ Disability _____

Disability Category: (Check at least 1, See Section 504 Reporting Categories)

Autism

Medical Impairment

Brain Injury Impairment

Mental Health Impairment

Hearing Impairment

Orthopedic Impairment

Learning Impairment

Other Impairment:

Major Bodily Function 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)

Name _____

Student ID# _____

DOB _____

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

Other

Name _____ Student ID# _____ DOB _____

Team Member's Name	Title	Team Member's Signature	Date	Area(s) of Expertise

Parent Response

___ **I consent** for my son/daughter to receive accommodations and services outlined on his/her EEOP and I understand that:

1. The Section 504 team may be reconvened at least annually and more often at my request or the request of school personnel;
2. At least every three years a re-evaluation will be conducted; and
3. My consent is voluntary and may be revoked at any time.

___ **I do not give my consent** for my son/daughter to receive accommodations and services outlined on his/her EEOP. I understand that my child will not receive the accommodations or safeguards provided by Section 504 of the 1973 Rehabilitation Act.

___ I have received a copy of the Notice of Eligibility.

___ I have received a copy of the Notice of Parent Rights.

___ I understand that I may give consent at a later time.

Parent Signature

Date

Please outline and estimate the staffing and/or financial resources you are requesting.

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

District Director _____

Date

Original: 504 Folder

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