



Form G: Section 504 Plan

| | | |
|--|--------------------------------------|----------------------------------|
| Student: | DOB: | Grade: |
| Mental or Physical Impairment(s): | Substantially Limited MLA(s): | Initial Eligibility Date: |
| Date of This Plan: | Annual Review Date: | 3-Year Review Date: |

PROVISION OF A FAPE UNDER SECTION 504: *A FAPE under Section 504 is the provision of regular or special education or related services that are designed to meet the needs of the disabled student as adequately as the needs of nondisabled students.*

SECTION I: Is the student currently receiving a FAPE under the IDEA through an Individualized Education Program (IEP) that addresses the above listed impairment?

☐ yes (STOP HERE, no further 504 accommodations/supports are necessary.)

☐ yes, BUT student's IEP team has recommended termination of IDEA eligibility. (Proceed to Section II below.)

☐ no (Proceed to Section II, below.)

SECTION II: Is the student's impairment positively impacted by the use of any mitigating measures?

☐ yes, but student still requires supports beyond those provided in general education. Describe what mitigating measures are in place and the impact of those measures below:

☐ no (Proceed to Section III, below)

SECTION III: Does the student also have a Health Plan that addresses Student's Section 504 impairment?

☐ Yes, it is attached to this 504 Plan.

☐ No

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| Necessary Accommodations and Supports | Setting/Location | Person(s) Responsible | Also Applicable During EDL?* |
|---------------------------------------|------------------|-----------------------|--|
| 1. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Attach additional pages as necessary

| Other Actions to be Taken | Setting/Location | Person(s) Responsible | Applicable During EDL?* |
|---------------------------|------------------|-----------------------|--|
| 1. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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***The Emergency Distance Learning (“EDL”) provisions noted above shall be implemented during emergency school closures greater than 10 consecutive school days. Any *additional* EDL accommodations or supports that may be necessary due to a specific emergency circumstance will be discussed with Parent(s) and documented in a Notice of Action, at the time of the specific emergency.**

Team Participants (Please Print):

| | | | |
|------------------------|-----------------|------|-------|
| School 504 Coordinator | Parent/Guardian | Name | Title |
| Name | Title | Name | Title |
| Name | Title | Name | Title |

☐ Parent (s) Agree With This 504 Plan

☐ Parent (s) DO NOT Agree With This 504 Plan Because:_____.

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[CHOOSE ONE]:

☐ Parent(s) consent to implementation of this Section 504 Plan.

****Please note that a 504 Plan developed prior to Parent consent to remove IDEA eligibility under an IEP that addresses the same impairment noted above, will not be implemented until consent to remove IDEA eligibility is obtained, so as to avoid duplication of supports.**

☐ Parent(s) do not consent to implementation of this Section 504 Plan. Unless this is an initial 504 Plan, Parent(s) understand that this Section 504 Plan shall be implemented **without** parental consent after 60 calendar days, unless a written request for a Section 504 due process hearing is filed within 60 calendar days.

☐ Parent(s) revoke consent to the provision of a FAPE to Student, including all Section 504 services, accommodations and protections to which Student would otherwise be entitled.

Parent / Guardian Signature

Date

| Necessary Accommodations and Supports | Setting/Location | Person(s) Responsible | Also Applicable During EDL? ** |
|--|-------------------------|------------------------------|--|
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |