

Wells-Ogunquit CSD Section 504 Plan

Student's Name: _____ DOB: _____ Grade: ____ Disability: _____
Parent(s)/Guardian(s): _____ School: _____
School Contact Person: _____ Position: _____
Date of meeting at which Plan was developed: _____ Date of next annual review: _____

A. Team Members (Check the categories that apply to each Team member below)

<u>Name/Position:</u>	<u>Knowledgeable about:</u>		
_____	<input type="checkbox"/> Child	<input type="checkbox"/> Meaning of Evaluation Data	<input type="checkbox"/> Accommodations/Placement Options
_____	<input type="checkbox"/> Child	<input type="checkbox"/> Meaning of Evaluation Data	<input type="checkbox"/> Accommodations/Placement Options
_____	<input type="checkbox"/> Child	<input type="checkbox"/> Meaning of Evaluation Data	<input type="checkbox"/> Accommodations/Placement Options
_____	<input type="checkbox"/> Child	<input type="checkbox"/> Meaning of Evaluation Data	<input type="checkbox"/> Accommodations/Placement Options
_____	<input type="checkbox"/> Child	<input type="checkbox"/> Meaning of Evaluation Data	<input type="checkbox"/> Accommodations/Placement Options
_____	<input type="checkbox"/> Child	<input type="checkbox"/> Meaning of Evaluation Data	<input type="checkbox"/> Accommodations/Placement Options

B. Accommodations/Related Aids and Services

Note: After eligibility has been determined, the Team should consider the student's current functional limitations with consideration of the use of mitigating measures in developing the 504 Plan. All accommodations or related aids and services should be directly linked to the student's disability and should be measures that are unique to and necessary for the student.

The Team believes that the following accommodations or related aids and services are necessary for the student to access and benefit from his or her educational program:

1. The school will: *(state action and person responsible)*

- a. _____
- b. _____
- c. _____
- d. _____

2. The parent(s) will:

- a. _____
- b. _____
- c. _____
- d. _____

3. The student will:

- a. _____
- b. _____
- c. _____
- d. _____

4. Participation in assessments: ____ No accommodations ____ With accommodations

Specify assessment accommodations:

Distribution List: Teachers Nurse Extra-curricular staff Others