

**Sample SECTION 504**

**A. Personal Information:**

Student Name:		Birthdate:	
Sex:	Grade:	Home School:	
Parent Name:		Address:	
City		State:	Zip:
Home Phone:	Work Phone:	Emergency #:	
School:		Teacher:	
Initial Conference:	Program Review:	Re-Eval Conference:	
Date of Conference:			

**B. Conference**

1. The following data was presented: \_\_\_\_\_
2. Is there a physical or mental impairment?  Yes  No  
Specify: \_\_\_\_\_
3. If yes, is it substantially limiting one or more major life activities?  Yes  No  
Specify: \_\_\_\_\_
4. Is there a history of impairment?  Yes  No  
Specify: \_\_\_\_\_
5. Is the student regarded as having an impairment?  Yes  No  
Specify: \_\_\_\_\_
6. Does the Committee have sufficient data to consider the determination of disability (handicap)?  
 Yes  No Specify \_\_\_\_\_
7. If no, what direction will be taken and what are the timelines for completion of the data gathering?

8. Options Discussed: \_\_\_\_\_

\_\_\_\_\_

9. Were options accepted? If not, describe reasons options were rejected.

\_\_\_\_\_

10. Alternative educational opportunities available on a temporary or permanent basis and other factors relevant to the options/decisions.

\_\_\_\_\_

C. Recommendations:

On the basis of the data presented, the following decision was made:

Student is not handicapped (disabled).

Student is "handicapped" (disabled) and qualifies for Section 504 services (refer to "Alternative Learning Plan").

Program Recommended: \_\_\_\_\_

D. Conference Participation:

1. Parent/Guardians:

a. I have been given the opportunity to participate in the Section 504 deliberations and understand the contents and reasons for the program recommended.

b. I have been informed verbally and in writing of my rights and options under Section 504 by:

\_\_\_\_\_

c. Permission for the program to begin is:  granted  denied

Parent/Guardian Signature:	Date:
Comments:	

2. Other Participants:

Building Principal	Guidance Counselor
General Class Teacher	School Nurse
General Class Teacher	Other
Other	Other

Copy: Parent  
Section 504 Coordinator  
Principal  
Teacher  
Educational Record

A. Summary of Causal Conference

1. Reason of Causal Relation Conference: \_\_\_\_\_  
\_\_\_\_\_
2. Is present "Alternative Learning Plan" appropriate? Yes \_\_\_ No \_\_\_  
If no, attach copy of revised "Plan".
3. Was the student capable of understanding that the behaviors exhibited were a violation of school rules or were unacceptable? Yes \_\_\_ No \_\_\_
4. Discuss the misconduct: \_\_\_\_\_
5. Previous suspensions/expulsions/exclusions: Yes \_\_\_ No \_\_\_  
Detail: \_\_\_\_\_
6. Aggregate number of suspension days: \_\_\_\_\_
7. Is there a causal relationship between the misconduct and disabling condition?  
Yes \_\_\_ No \_\_\_
8. If yes, what additional options were discussed? \_\_\_\_\_  
\_\_\_\_\_
9. Written opinion: (Attach extra sheets if necessary) \_\_\_\_\_  
\_\_\_\_\_
10. Other comments: \_\_\_\_\_  
\_\_\_\_\_

Section 504  
Reasonable Accommodations  
for  
(Student Name)

- \_\_\_\_\_ Mark students' correct and acceptable work, not mistakes.
  - \_\_\_\_\_ Examinations and quizzes should be given orally.
  - \_\_\_\_\_ Reading assignments should be presented on cassette tapes.
  - \_\_\_\_\_ Make arrangements for homework assignments to reach home with clear, concise directions.
  - \_\_\_\_\_ Reversals and transpositions of letters and numbers should not be marked wrong. Instead, reversals or transpositions should be pointed out for corrections.
  - \_\_\_\_\_ Recognize and give credit for student/s oral participation in class.
  - \_\_\_\_\_ Provide extra test time.
  - \_\_\_\_\_ Student should be allowed to tape classroom lectures or discussions.
  - \_\_\_\_\_ Student should be provided a carbon copy of another student's class notes.
  - \_\_\_\_\_ Utilization of peer tutoring.
  - \_\_\_\_\_ Utilization of cross-age tutoring.
  - \_\_\_\_\_ Avoid placing student under pressure of time or competition.
  - \_\_\_\_\_ Accept homework papers typed by the student or dictated by student and recorded by someone else, if need be.
  - \_\_\_\_\_ Do not return hand written work to be copied over; paper is often not improved and student's frustration is added to.
  - \_\_\_\_\_ Let student dictate themes or answers to questions on a cassette tape.
  - \_\_\_\_\_ Accompany oral directions with written directions for the student to refer to (on blackboard or paper).
  - \_\_\_\_\_ Do not require lengthy outside reading assignments.
  - \_\_\_\_\_ Student should be permitted to use cursive/printing.
  - \_\_\_\_\_ Other:
- 

Comments:

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Copy: Parent  
Section 504 Coordinator  
Principal  
Teacher  
Educational Record

Alternative Learning Plan  
As per  
Section 504 of the Rehabilitation Act of 1973

STUDENT: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

DATE OF IMPLEMENTATION: \_\_\_\_\_ TERMINATION: \_\_\_\_\_ REVIEW: \_\_\_\_\_

STATEMENT OF STUDENT'S PERFORMANCE AS IT RELATES TO THIS "PLAN":

\_\_\_\_\_

IMPLEMENTOR(S)	MONITORING DATE	COMMENTS