



JEFFERSON COUNTY SCHOOL DISTRICT 509-J  
SECTION 504 PLAN

<b>Date Initiated:</b>	<b>School:</b>		
<b>Student's Name:</b>	<b>Grade:</b>	<b>DOB:</b>	
<b>Parent(s)/Guardian(s) Name(s):</b>			

**ELIGIBILITY STATEMENT**

Student IS ELIGIBLE as an individual with a **disability** under Section 504 of the Rehabilitation Act of 1973 according to the professional assessment team because the student has a physical or mental impairment which substantially limits one or more major life activity. *The term does not cover children disadvantaged by cultural, environmental, or economic factors. (34 CFR & 104.3)*

Medical Condition:

- Cancer
- Diabetes
- Asthma
- Epilepsy
- Hepatitis
- Other:

Physical Condition:

- Cerebral palsy
- Spina bifida
- Hearing impairment
- Vision impairment
- Other:

Psychological Condition:

- ADHD or ADD
- Depression
- Obsessive-Compulsive Disorder
- Post-Traumatic Stress Disorder
- Other:

Learning Disorders:

- Dyslexia
- Other:

**Statement of Understanding:**

**Documentation** for eligibility (i.e., medical reports, legal history reports, results and recommendations of evaluation/assessment):

Provider:

Type of Documentation:

Location of

Documentation:

# APPROPRIATE EDUCATION PLAN

## ACCOMMODATIONS

Environmental Accessibility:

Instructional:

Behavioral/Social:

**Team Participants:**

Printed Name

Position

Signature

**NOTICE:** This document constitutes the District's notice to parents/guardians with respect to identification, evaluation, and placement under Section 504.

**PARENT/GUARDIAN CONSENT** (Complete for initial 504 plans)

I agree to implementation of this 504 Plan. I understand that granting of consent is voluntary.

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Parent's/Guardian's Signature

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Date

I do not agree to implementation of this 504 Plan. I understand the denial of consent is voluntary.

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Parent's/Guardian's Signature

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Date

**Describe the educational placement:**

Option	Selected?	Explain
Regular school/general curriculum with accommodation as listed		
Other: Describe:		

**Annual Review**

Date	Participants	Changes to disability status?	Changes to plan?

C: Student's cumulative file, parent/guardian  
10-29-12