

SCHOOL DISTRICT NAME  
ADDRESS

**SECTION 504 PLAN**

Student Name: Birth Date: Age: Gender:  
 School: Grade: Teacher:  
 Student Address: City: State: Zip:  
 Parent(s) Name(s):  
 Mother's Phone: Father's Phone:

**Referral Date:** **Initial Eligibility Date:** **Next Re-Evaluation Date:**  
**504 Conference Date:** **504 Annual Review Due Date:**

Participants' Names/Titles:	

**Disabling condition (from 504 Evaluation):**

- The following accommodations and/or health plan<sup>1</sup> have been agreed upon by school staff, parent(s) and student as being necessary for the student to have an educational opportunity equal to the average student in the general population.

Date(s) Accommodations Started	Substantial Limitation as evidenced by: (Areas of Impact)	Academic/School Accommodation:	Identify Person Responsible <sup>2</sup>

<sup>1</sup> Attach Health Plan, if applicable.

<sup>2\*\*</sup> Specify teacher(s), administrator, counselor, nurse, parent, student, or other person responsible for implementing the accommodation.



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Parent Signature

Date