



Section 504 Accommodation Plan*

School Year: _____

Date of 504 Team Meeting: _____

School DBN and Name: _____

**For students with diabetes who require accommodations, utilize the Diabetes Section 504 Accommodation Plan Template.*

This Plan will be reviewed as needed and before the end of each school year and, if necessary, amended at the time of the review. Parent/guardian will inform the 504 Coordinator of any changes to the student's disability at any point during the school year that may require review of this Plan.

The 504 Coordinator will complete this Plan with 504 Team (including parent/guardian) input and based upon relevant documentation (e.g., reports, evaluations and/or medical records (including diagnoses) provided by the student's parent/guardian, student's disciplinary referrals, health information, language surveys, parent/guardian information, standardized test scores, grades, and teacher comments).

Student & Family Information

Student Name: _____ Disability/Diagnosis: _____

OSIS#: _____ DOB: _____

Classroom/ Homeroom Teacher: _____ Grade: _____

Paraprofessional Name (if applicable): _____

Parent/Guardian Preferred Spoken and Written Language(s): _____

Home Address: _____

Emergency Contact Detail

Contact 1:

Name: _____

Relationship to Student: _____

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

Contact 2:

Name: _____

Relationship to Student: _____

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

Emergency Contact Instructions: In the event of emergency, the student's Plan and MAF (if relevant) will remain in effect.



504 Team Information

Name	Role
1.	504 Coordinator
2.	Parent/Guardian
3.	
4.	
5.	
6.	

Service & Accommodations

504 Coordinator enters all authorized Services & Accommodations, specifies the accommodations to be provided (*e.g.: Test Accommodations – smaller setting with no more than 12 students, extended time to 1.5, 5 minute break every 30 minutes*), and marks any fields not applicable N/A.

Accommodation and Description of Accommodation

ACCESSIBLE SITE New Renewal

AIR CONDITIONING New Renewal

AMBULATION ASSISTANCE New Renewal

ASSISTIVE TECHNOLOGY New Renewal

CLASSROOM ACCOMMODATIONS New Renewal



Accommodation and Description of Accommodation (Continued)

HEALTH PARAPROFESSIONAL New Renewal

ELEVATOR PASS New Renewal

As applicable, school staff should ensure that the student has access to an elevator if needed and should accompany the student on the elevator wherever possible (students are not issued elevator keys/key cards).

EPI-PEN New Renewal

RESTRICTED ACTIVITY New Renewal

SAFETY NET (High School only) New Renewal

TESTING ACCOMMODATIONS New Renewal

TRANSPORTATION New Renewal

(504 Coordinator: check one of the following as applicable after confirming with school's Transportation Coordinator. As approved by OPT).

The DOE shall provide the following for the student's bus ride to and from school each day:

- not applicable (bus transportation ("busing") not provided);
- transportation nurse;
- transportation paraprofessional;
- curb-to-school busing with attendant only;
- stop-to-school busing with no attendant.

OTHER – Please describe: New Renewal



School Responsibilities

Indicate staff who will provide each accommodation

Accommodation	DOE School Staff Name	DOE Title	Responsibilities (if not specified above)
1.			
2.			
3.			
4.			
5.			

I have received the DOE Notice of Non-Discrimination under Section 504 and the Notice of Eligibility Determination. By signing, I consent to the provision of the accommodation to my child as written above.

Approved and received:

Parent/Guardian

Date

Approved and received:

School Administrator/504 Coordinator and Title

Date



ADMINISTRATIVE USE ONLY

Notes on Services Requested But Not Approved (Notes from the 504 Coordinator)

Supporting Documentation

Has compliance information and the following documentation been submitted to the online 504 Data Tracker?

- 504 Accommodation Request Forms
- [Notice of Non-Discrimination under Section 504](#)
- Notice of Eligibility Determination
- 504 Meeting Attendance Sheet
- Signed 504 Plan
- Allergy Response or Seizure Action Plan *(if applicable)*

Has the 504 information also been entered into the ATS S504 screen?

Health Director Approval

(If a funded service is authorized by your Health Director)

ASHR Form ID: _____