

**SECTION 504 - PLAN AND PARENT PERMISSION****Student Name:****ID:****Date of Birth:****Serving School:****Grade:****Parent/Guardian:****Relationship:****Address:** , , ,**Email:****Home Phone:****Section 504 Meeting Date:****Follow-up Meeting Date:****Plan Effective Dates: From: To:****Purpose of Meeting:****PARENT CONTACT**

Method of Contact	By	Date

MEETING PARTICIPANTS

Name/Title	Signature

List the aids, supports, and services needed for this student to have equal access and opportunity to participate in school programs and activities. Note: Each service or accommodation should be directly related to the substantial limitation caused by the student's impairment.

a. Physical or Mental Impairment:**b. Substantial Limitation of 1 or More Major Life Activities:****c. Identified Student Needs:**

(Note: Academic accommodations will be provided by classroom teachers)

A Section 504 eligible student is entitled to receive regular education, services or aids and/or accommodations and modifications

if determined necessary and designed to provide the student a Free Appropriate Public Education.

Accommodations/Services	Position Responsible	When/How Progress will be Reviewed and Assessed
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Additional Comments:

Any questions regarding the implementation and/or review of the 504 PLAN should be directed to at .

PERMISSION TO IMPLEMENT 504 PLAN

Your child was recommended for the provision of Section 504 accommodations and/or aids and services, and a 504 Plan was developed. Before a School District may provide the services described in the 504 Plan, your permission to provide the services is requested.

- ☐ I give permission for the provision of accommodations and/or aids and services as described in my child’s 504 Plan. The proposed accommodations and/or aids and services have been fully explained to me and are consistent with the 504 Plan developed. I understand that my permission is voluntary and that is not required for continued 504 accommodations and/or aids and services or for a change in those services. Periodically and at least annually, I will be provided the opportunity to meet with my child’s 504 Team to review the 504 Plan and provide my input into it.
- ☐ I have received a copy of my child’s 504 Plan, as well as all other documentation generated by my child’s 504 Team. I have also received a copy of the Parent Rights in Brief.

Parent/Guardian Signature

Date