

Haddon Heights School District Section 504 Accommodation Plan

Date:
Student's Name:
Date of Birth:
School:

ID Number:
Grade:

Check one of the following:

- Initial
- Annual Review
- Failure/Discipline Review

I. Justification for Services:
Disability Determination:

Medical Evidence: YES NO N/A
Educationally Relevant? YES NO N/A
Please attach copy(s)

Does the student have a physical or mental impairment which substantially limits one or more major life activity? YES NO

If yes, please indicate which one(s) below:

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Caring for One's self | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Performing Manual Tasks | <input type="checkbox"/> Speaking |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Working |
| <input type="checkbox"/> Seeing | <input type="checkbox"/> Learning |
| <input type="checkbox"/> Breathing | <input type="checkbox"/> |

II. Accommodations

The Haddon Heights School District 504 team has reviewed the files of the above named student and concludes that he/she meets the classification as a qualified handicapped individual under Section 504 of the Rehabilitation Act of 1973. In accordance with the Section 504 guidelines, the school has agreed to make reasonable accommodations and address the student's individual needs by:

Physical Arrangement of room:

Haddon Heights School District

Lesson Preparation:

Assignments:

Testing Accommodations:

Organization:

Other Accommodations/ Services:

Haddon Heights School District

Student Responsibility:

Parent Responsibility:

III. Duration of Accommodations: From ___ to ___
Special Instructional Considerations:

Haddon Heights School District

Name and Signature	Agree	Disagree	Date
Administrator:			
Guidance Counselor :			
504 Coordinator:			
Teacher(s):			
Teacher:			
Parent:			
Parent:			
Nurse (if applicable)			
*CST Team Member (if applicable):			

* Attach a statement of dissent (If applicable)*

Parent/Guardian Acknowledgement:

- I have been given the opportunity to participate in the development of the 504-accommodation plan.
- I understand the contents and reasons for the program recommended and have received an explanation in writing.
- I have been informed of my rights and options under Section 504.
- I agree to the implementation of the proposed program.

Parent/Guardian Signature

Date

cc: Student's Cumulative File
 Parent
 Teachers
 504 Folder