

DISTRICT 504 PLAN

WEBSTER COUNTY SCHOOL DISTRICT

Name: _____

Date: _____

Student ID: _____

Date of Birth: _____

School: _____

Grade: _____

1. DETERMINATION OF QUALIFIED HANDICAP

A YES answer to questions 1, 2, or 3 establishes that the student has a qualified handicap.

1. Does the student have a physical or mental impairment which substantially limits a major life activity? YES NO
(If YES, Please describe)

OR 2. Does the student have a record of such impairment? YES NO
(If YES, Please describe.)

OR 3. Is the student regarded/treated as having such an impairment? YES NO
(If YES, please explain)

AND

2. DETERMINATION OF EDUCATIONAL IMPACT

A YES answer to question 4 establishes that the student needs accommodations related to equal access.

OR 4. Does the student's impairment substantially limit the student's access to a free and appropriate public education? YES NO

A YES answer to question 5 establishes that the student has a substantial limitation of learning (as defined by the district) due to the handicap.

5. Does the student's impairment substantially limit LEARNING, a major life activity as defined below? YES NO

(CHECK CRITERIA BELOW BEFORE ANSWERING THIS QUESTION.)

A student has a substantial limitation of LEARNING if he/she is characterized by at least four (4) of the following statements. Please check those statements which describe this student and attach appropriate documentation.

1. Documented history of behavior problem(s)
 2. Documented history of learning problem(s)
 3. Excessive absences

4. Retained one or more years
 5. Majority of grades unsatisfactory (below C/below 75)
 6. Two or more years older than students in the same grade

3. DETERMINATION OF ELIGIBILITY

The District Student Assessment Team (D-SAT) has reviewed appropriate information and evaluation data and has determined that the above named student:

 Meets Section 504 eligibility criteria
(The answer is Yes to question 1, 2, or 3 above AND the answer is YES to question 4 and /or 5.)

 Does not meet Section 504 eligibility criteria
(The answer is NO to question 1, 2, and 3 above OR the answer is Yes to question 1, 2 or 3 above and the answer is No to question 4 and 5.)

4. INSTRUCTIONAL MODIFICATIONS /RELATED AIDS AND SERVICES
(Do not complete this section unless the student is eligible for services under Section 504.)

Does the student's handicap require any instructional modifications and /or related aids and services in order to learn and/or access a free and appropriate public education?
 YES NO

This student's specific NEEDS are indicated below:

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____

The following SPECIFIC STRATEGIES will be implemented in order to meet the student's specific needs: (Attach additional pages, if necessary)

5. MEDICATION MONITORING

(Do not complete this section unless the student is eligible for services under Section 504)

Does the student's handicap require medication monitoring?

YES

NO

Name of Physician: _____ Phone _____

Medication(s) _____ Schedule _____

_____ Schedule _____

Monitoring of Medication(s): _____ Daily _____ Weekly _____ As needed Basis

Administered by: _____

6. PARTICIPANTS: (Name and Title)

Signature: _____

Chairperson, District Student Assistance Team

CC: Parent (s) or Guardian
Student's Permanent File
Classroom Teachers
Appropriate staff

Webster County School District

504 Accommodation Plan

Name _____

Student I.D. #(SS Number) _____ Date of Birth _____ Age _____

School _____ Teacher _____ Grade _____

Describe the nature of concern: _____

Describe the basis for determination of the disability: _____

Describe how the disability affects a major life activity: _____

The Child Study 504 Committee has reviewed the files of the above named student and concludes that he/she meets the requirements as a disabled 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:

seating student near the teacher

seating student near a positive role model

standing near the student when giving directions or presenting lessons

avoiding distracting stimuli as much as possible (air conditioner, high traffic areas, etc.)

increasing the distance between his/her desk and others

other accommodations: _____

LESSON PRESENTATION:

- pairing students to check work
- providing visual aids
- writing key points on the board
- providing peer note taker
- making sure directions are understood
- providing peer tutoring
- allowing students to tape record lesson
- other accommodations
- breaking longer presentations into shorter segments
- including a variety of activities during each lesson
- teaching through multi-sensory modes

ASSIGNMENTS/WORKSHEETS

- give extra time to complete tasks
- reducing homework assignments
- simplifying complex directions
- not grading homework
- give assignment worksheets one at a time
- allowing typewritten or computer printed assignments
- allowing students to tape record assignments/homework
- make sure the student has assignments in assignment book
- other accommodations

TEST TAKING

- allowing extra time for test
- reading test items to student
- giving exam orally
- using more objective items (fewer essay responses)
- not counting off for spelling errors on content test
- giving frequent short quizzes, not long exams
- other accommodations

ORGANIZATION:

- providing students with homework assignment notebook
- sending weekly progress reports home
- developing a reward system with parent for in-schoolwork and homework completion
- providing peer assistance with organizational skills
- assigning volunteer homework buddy
- other accommodations

BEHAVIORS:

- praising specific behaviors
- allowing legitimate movement
- contracting with student
- keeping classroom rules simple and clear
- cueing students to stay on task(nonverbal signal between student and teacher)
- marking student's correct answers, not his mistakes
- implementing a classroom behavior management system
- ignoring inappropriate behavior not drastically outside classroom rule
- other accommodations

MEDICATION:

Name of physician _____

Medication _____ schedule _____

_____ schedule _____

Medication administered by _____

SPECIAL CONSIDERATIONS:

- monitoring student closely on field trip
- alerting bus driver
- training teacher on child's disability
- suggesting agency involvement
- developing intervention strategies for transitional period (e.g. cafeteria, P.E. , recess)

Participants: (Name and title)

Other comments or considerations:
