



**SECTION 504 REGULAR EDUCATION EVALUATION  
AND INTERVENTION PLAN**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_  
Grade: \_\_\_\_\_

Type of Referral  Initial  Annual  Discipline  Other: \_\_\_\_\_ A section 504 meeting was convened on behalf of the above-mentioned student on this date: \_\_\_\_\_. On the basis of the data presented, the following decision was made:

The student is identified as a qualifying under Section 504 and an accommodation plan has been developed.

The student does not qualify under Section 504.

Indicate physical and/or mental impairment

Major Life Activity

Education Impact

Basis for determination as a qualified individual

Describe necessary accommodations (attach additional document if necessary)

Participants: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

I have participated in the development of this plan and have received a copy of the notice of Section 504 Rights  I agree with the above  I disagree with the above

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Plan Review Date: \_\_\_\_\_

Copies to:  Parent  Classroom Teacher  Director  Counselor  Cumulative File  504 Coordinator