



Student Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
 Student ID # \_\_\_\_\_ Birth Date \_\_\_\_\_

### Part 1B

Based on the team's findings answer the following questions.

1. What is the student's disability?
2. Does the student have a disability that **substantially** limits one or more major life activities?  
Explain:
3. If "Yes" which of the following major life activities is being **substantially** limited by the disability or handicap?

Learning \_\_\_\_\_ Seeing \_\_\_\_\_ Hearing \_\_\_\_\_ Breathing \_\_\_\_\_  
 Walking \_\_\_\_\_ Speaking \_\_\_\_\_ Working \_\_\_\_\_ Caring for self \_\_\_\_\_

Other (describe: \_\_\_\_\_)

4. Does the disability impact the student's ability to participate in and benefit from school programs and services? Yes \_\_\_\_\_ No \_\_\_\_\_
5. What are the present levels of performance and the educational needs of the student?
6. Do any additions or modifications need to be made to enable the student to have a free appropriate education?
  - If the SIT answered "Yes" to question 2 and 3 and the team identified a major life activity that is substantially limited by this condition, the student is eligible for a 504 plan. The SIT is to proceed to Part 2.
  - If the SIT answered "No" complete this eligibility meeting by documenting the team's rationale in the space below and completing page 4.

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**Part 2: Section 504 Plan**

1. Specific services, modifications, and/or accommodations and the staff who are responsible for implementing them:

2. Student responsibilities:

3. Parent/guardian responsibilities:

4. Other accommodations and related aids and services that will be provided to the student and individuals responsible for providing and/or arranging for them:

5. Date for 504 Plan Review: \_\_\_\_/\_\_\_\_/\_\_\_\_

**(The building 504 coordinator or designee will be responsible for scheduling and assembling staff needed to conduct this review.)**

**NOTE:** Provide a copy of Section 504 Plan to parent(s)/guardian and to all individuals responsible for implementing the plan.

Student Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Student ID # \_\_\_\_\_ Birth Date \_\_\_\_\_

6. Evaluation team signatures:

Name:	Title:	Date:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Parent/Guardian statements:

\_\_\_\_\_ I received a written notice of my rights under Section 504.

\_\_\_\_\_ I received notice of the Section 504 evaluation and accommodation plan meeting.

\_\_\_\_\_ I agree with the Section 504 plan as written.

\_\_\_\_\_ I understand that, if I disagree with the content of this plan, I have the right to ask for a due process hearing by filing a written request with the school principal, building 504 coordinator or designee.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

- File this original 504 Accommodation Plan (all 4 pages) with the Central Office 504 Coordinator. A copy must be placed in the student's Section 504 file maintained at the school. The school the child is attending must have a copy of the current Section 504 Plan maintained separate from the Student's cumulative file.
- If this plan is no longer needed by the student it must be officially terminated by a 504-evaluation committee. Have the committee convene, complete a Section 504 Termination Form and attach the completed form to the front of this Section 504 Accommodation Plan. Note: A student can only be terminated from services based on a reevaluation.
- Terminated 504 Accommodation Plans are filed with the Central Office 504 Coordinator.

**504 Student Confidentiality Waiver**

Under Washington State Law, students hold the right to consent to the following, without the consent of a parent or guardian:

- Birth Control Services (at any age)
- Abortions (at any age)
- Treatment of Sexually Transmitted Diseases (at age 14 or older)
- Outpatient Substance Abuse Treatment (at age 13 or older)
- Outpatient Mental Health Counseling (at age 13 or older)

Do not consult parents regarding these issues unless specifically authorized to do so by the student.

When these issues arise in the context of the Section 504 identification, evaluation, implementation, or reevaluation or if the student asserts a right to privacy, contact the Central Office 504 Coordinator and/or General Counsel’s office immediately.

- I give permission to consult my parents regarding my section 504 plan as it relates to the above-mentioned situation.**

**Student Signature.**

\_\_\_\_\_

- I would like to limit the release of my section 504 plan to the following parties/ SIT team members, as it relates to the above-mentioned situation.**

\_\_\_\_\_

**Student Signature**

**Parties**

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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