

504 Student Accommodation Plan

Raleigh County Schools

Student: _____ WVEIS#: _____ Date of Birth: _____

Referred By: _____ School: _____ Grade: _____

Case Manager/Teacher: _____ Parent/Guardian Name: _____

Address: _____ Home #: _____ Cell #: _____

Type of Plan: ___ Initial ___ Annual Review ___ Reevaluation Review

Indicate disability or impairment: _____

Describe impact on specific major life activity(ies):

Describe necessary accommodations:

Training Needed (specify - who, what, where, when):

Material/Equipment Needed:

___ **Health Plan is Attached**

___ **No Health Plan Needed**

Emergency Contact Person: _____ **Emergency Contact #:** _____

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Transition Planning

For students with accommodations under Section 504, transition services are provided when appropriate. Transition services are a coordinated set of activities that promote movement from school to post-school activities, including, but not limited to, post-secondary education, vocational training, integrated/supported employment, continuing and adult education, adult services, and/or independent living or community participation. Planning is based on individual student's needs, including preferences and interests, and may include instruction, related services, community experiences, development of employment, and other post-school adult objectives.

Will transition services need to be considered at the student's next 504 review? If yes, prior to the next 504 review meeting, permission must be obtained to invite agency representatives who may provide transition services.

Agency(ies) to be invited: _____ Other: _____
 _____ Other: _____

Parent/Guardian/Adult Student initial if consent is granted for agencies to be invited:

Date: _____ Parent Initial _____ Student Initial _____

Project Review Date: _____ **Projected Re-Evaluation Date:** _____

Team Member Signature	Title	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- ___ I was provided an opportunity to participate in the development of this plan, and I received a copy of the Notice of Rights Pamphlet.
- ___ I give informed consent for my child to receive the accommodations described (required for all initial plans).
- ___ I do not give consent for my child to receive the accommodations described.

Parent/Guardian/Adult Student Signature: _____ Date: _____

504 Evaluation Survey	Yes	No	Maybe
My participation and input were valued and considered by the team.			
Plan developed was appropriate to address impact of disability and promote access.			
Teachers and/or staff implemented the plan appropriately			
Services and accommodations occurred within the least restrictive environment.			
Confidentiality was respected throughout the process			
Suggestions and/or additional comments:			