

504 Optional Accommodation Plan

Raleigh County Schools

Student Name:	Date of Birth:	School:	
Parent/Guardian:	Telephone #:	Teacher:	
Address:	WVEIS #:	Grade:	
	Medicaid #:	Current Date:	
Parent e-mail address:	Other contact/ e-mail addresses:		
Indicate disability or impairment and how it impacts the student's education.	Accommodations needed to address impact of the disability and provide equal opportunity for participation		Person(s) Responsible:
<input type="checkbox"/> No health plan is needed <input type="checkbox"/> Health plan is attached <input type="checkbox"/> State/county testing under standard conditions <input type="checkbox"/> State/county testing with accommodations (attached) Emergency Contact: _____ Emergency Contact Number _____	Materials Needed:	Training Needs:	

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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 _____

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

Team Member Signatures

Parent/Guardian: _____ School Administrator/Chairperson: _____
 504 Coordinator: _____ School Psychologist: _____
 Regular Education Teacher: _____ Special Educator: _____
 School Counselor: _____ School Nurse: _____
 Director of Attendance: _____ Student: _____
 Other(s): _____

____ 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	Comments:
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:				