



SECTION 1 – STUDENT INFORMATION

Student Name **GTID** **Birthdate**

School **Grade** **Today's Date**

Parent/Guardian **Section 504 Qualifying Disability**

SECTION 2 – SERVICES TO BE PROVIDED

- Occupational or physical therapy
- Speech/Language therapy
- Special transportation
- Adapted Physical Education
- Behavior management support
- Assistive Technology Devices
- Social/interpersonal skills support
- ADA access (e.g. elevator key)
- Nurse support
- Other _____

Person Responsible	Frequency

SECTION 3 – INSTRUCTIONAL/CLASSROOM ACCOMMODATIONS AND SUPPORTS TO BE PROVIDED

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Preferential seating <input type="checkbox"/> Extended time on tests and assignments <input type="checkbox"/> Reduced homework or classwork <input type="checkbox"/> Verbal, visual, or technology aids <input type="checkbox"/> Modified textbooks or audio-video materials | <ul style="list-style-type: none"> <input type="checkbox"/> Adjusted class schedules or grading <input type="checkbox"/> Audio/verbal testing <input type="checkbox"/> Excused lateness, absence, or missed classwork <input type="checkbox"/> Pre-approved nurse's office visits <input type="checkbox"/> Memory aids (including graphic organizers) |
|---|--|

Explanation for selected services, accommodations and supports.



SECTION 4 – DISTRICT AND STATEWIDE ASSESSMENT ACCOMMODATIONS AND SUPPORTS TO BE PROVIDED

The student will participate in the following regular required assessments (Each state mandated test and subtest must be considered individually and documented below).

Accommodations used for assessment must be consistent with accommodations used for classroom instruction/testing and specified in the Section 504 Plan. Some accommodations used for instruction may not be allowed for statewide assessment. **Refer to the GaDOE Student Assessment Handbook for the only allowable accommodations.** Conditional accommodations are only allowable for students who meet eligibility criteria. All subtests must be considered individually.

Test	Subtest	Setting	Timing/Scheduling	Presentation	Response	None, Standard or Conditional

Explanation for selected assessment accommodations.



SECTION 5 – PARENT CONCERNS & ADDITIONAL MEETING NOTES

SECTION 6 – SECTION 504 COMMITTEE MEMBERS

In accordance with 34 C.F.R. §104.35(c), each member that participates on a Section 504 team **must** be knowledgeable about the student, the meaning of evaluation data, and/or accommodation and placement options.

Enter each team member’s name and mark the applicable knowledge base.

Team Member	Student	Meaning of Evaluation Data	Accommodation and Placement Options

Person responsible for ensuring this Section 504 plan is implemented as documented:

Name **Title** **Phone**