MORGAN COUNTY SCHOOL DISTRICT

SECTION 504 STUDENT ACCOMMODATION PLAN

Student Name: _____ **Student ID:** _____

Grade: _____ **Date of Birth:** _____ **Date:** _____

School: _____

____ **Yes** ____ **No** The student has a mental or physical impairment that substantially limits one or more of their major life activities.

_____ Seeing	_____ Thinking	_____ Learning
_____ Walking	_____ Caring for Oneself	_____ Helping
_____ Sleeping	_____ Concentrating	_____ Breathing
_____ Standing	_____ Communicating	_____ Working
_____ Hearing	_____ Lifting	_____ Bending
_____ Speaking	_____ Eating	_____ Other: _____

The answer above must be YES to be identified for eligibility under Section 504.

Identify or describe disability:

Describe barriers to school programs or activities:

Student's Physician/Health Care Provider:

Name: _____ Address: _____

Telephone: _____ Email: _____

Notify parents/legal guardian or emergency contact in the following emergency situations:

School Responsibilities and Accommodations/Persons Responsible:

Participation of 504 Student in Standardized Tests:

_____ The student should take standardized tests under routine conditions, without any accommodations.

_____ The student should NOT take standardized tests under routine conditions and is eligible for Assessment Accommodations [as outlined by the Utah State Office of Education]. **If this item is checked, please identify specific Assessment Accommodations and attach to this Section 504 Student Accommodation Plan**.

504 Team Signatures:

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

Date for Section 504 Accommodation Plan Review: _____

Parent/Legal Guardian Statements (Please Initial):

_____ I received a written notice of my rights and safeguards under Section 504.

_____ I received notice of the Section 504 eligibility evaluation and accommodation plan meeting.

_____ I agree with the Section 504 plan as written.

_____ _____
Parent/Legal Guardian Signature Date

_____ _____
Parent/Legal Guardian Signature Date

- **File this original Section 504 Plan in the student's file.**
- **If this Section 504 Plan is no longer needed by the student, it must be officially terminated by the 504 Team. Have the 504 Team convene, complete a Section 504 Review of Services form terminating the Section 504 Plan, and attach the completed form to the front of this Section 504 Plan. Terminated 504 Plans are kept in the student's file.**