## CALAVERAS UNIFIED SCHOOL DISTRICT 504 ACCOMMODATION PLAN

Student Name:		Date of Meeting:			
Date of	Birth:	Grade:			
School:		Review Date:			
Purpose of Meeting: Initial Evaluation		Periodic Review:			
1.	Describe the nature of the concern: •				
2.					
	<ul> <li>(If yes, describe the basis for the determination of the handicap.)</li> <li>Is the qualifying condition based on a medical diagnosis?</li> <li>Is the qualifying condition based on a handicapping condition identified</li> <li>by an IEP team?</li> <li>(List attachments/sources used to verify diagnosis by a properly licensed practitioner, or explain how the condition was verified.)</li> </ul>			No	
				No	
	Attachments/Sources Achievement Tests CUM, SPED, and Behavior Re SST Meeting Teacher Orientation Parent Observation/Input Samples of Work Medical Information: Other:	<u>Notes</u> ecords			
3.	Do the activities which are claimed to be impai	red qualify as major life activities?	Yes	No	
4.	Does the physical or mental impairment substationary (Describe how the handicap affects a major life		Yes	No	
5.	Does the student qualify for a Section 504 Plan	<u>1</u> ?	Yes	No	
The student's parent/guardian has participated in the meeting in which this document was drafted and has received a copy of Section 504 rights.					

Parent/Guardian Signature Date

The student's parent/guardian agrees to this individualized Section 504 Plan as it is written.

Parent/Guardian Signature

Date

## PLAN OF ACCOMMODATIONS

The Student Success (SST) or IEP team has reviewed the files of the above named student and concludes that he/she meets the classification as a qualified handicapped individual under Section 504 of the Rehabilitation Act of 1973. In accordance with the Section 504 guidelines, the school has agreed to make reasonable accommodations and address the student's individual needs by:

	Accommodation	Description and Rationale			
<u>Physical</u> Arrangement	None at this time				
Lesson Presentation	None at this time				
<u>Assignments/</u> <u>Worksheets</u>	None at this time				
<u>Organizaton</u>	None at this time				
<u>Behaviors</u>	None at this time				
<u>Tests/</u> Assessments	None at this time				
Credit/Scheduling Considerations	None at this time				
Other/Special Considerations					
Discipline (check one)         This student's Section 504 disability would not cause him/her to violate school rules.           This student's Section 504 Disability could cause him/her to violate school rules (if checked complete a Behavior Modification Disciplinary Plan)					
Medication: (Parent will notify school when medications change.)					
Physician: Medication: Administered b	у:	Phone: Schedule:			
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