

Section 504 Plan

[District Name] Public Schools

Student Name:	Meeting Date:
SASID:	Case Manager
Date of Birth:	Parent/Guardian Name:
Current Grade:	Primary Disability:
Current Enrolled School:	School Next Year:
Section 504 Begin Date:	Section 504 End Date
Most Recent Evaluation Date:	Next Reevaluation Date:
Most Recent Annual Review Date:	Next Annual Review Date:
Surrogate Parent (if applicable)	

Meeting Date:	Reason for Meeting:
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504 TEAM MEMBERS PRESENT

Name	Role	Attended Meeting?(Y/N)
Student Name	Student	
Parent/Guardian Name	Parent/Guardian	
Name 1	Role 1	
Name 2	Role 2	
Name 3	Role 3	

(Additional rows will be added as needed)

Eligibility Determination: (Disability and Date)
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Section 504 Meeting Notes/Summary:

504 Components

Only 504 Components recommended in the 504 meeting and selected in CT-SEDS will appear on the 504 Plan document.

ACCOMMODATION	Area(s)/Locations
Example #1	Location 1, Location 2
Example #2	Location 1, Location 2, Location 3, Location 4
Example #3	All areas/Locations

ASSISTIVE TECHNOLOGY	Area(s)/Locations
Example #1	Location 1
Example #2	All areas/Locations
Example #3	All areas/Locations

Indirect Services

Are supports required for school personnel to implement this 504 Plan?

Yes No (If Yes, the following will appear)

Supports required for school personnel to implement this 504 Plan include:

Service	Frequency	Duration	Responsible Staff	Start Date	End Date

RELATED SERVICES

Service	Frequency	Duration	Responsible Staff	Service Implementer	Start Date	End Date	Site	Instructional Service Delivery

***Instructional Site Codes:**

- 1a. General Education Setting 50% or more non-disabled peers
- 1b. General Education Setting less than 50% non-disabled peers
- 2a. Resource Setting
- 2b. Separate Setting/Program
- 2c. Related Service Setting
- 3a. Community-Based Setting 50% or more non-disabled peers
- 3b. Community-Based Setting less than 50% non-disabled peers

Transportation

Does the Student require special transportation as a related service?

Yes No

Regular Transportation *(Display if No)*

Special Transportation will be provided with the following: *(Display if Yes)*

Supports

Specialized Equipment

Vehicle Requirements

State Testing Information

ENGLISH LANGUAGE PROFICIENCY (ELP) ASSESSMENT

Has the student been identified as an English Learner?

Yes No

English Language Proficiency Assessment is required for all English Learners Grades K-12. *(Display if Yes)*

The student will participate in the ELP / Alternate ELP Assessment *(One option will display)*

Participation

Participation level displayed here – with or without accommodations

Designated Supports and Accommodation(s)

Example 1

Example 2

STATEWIDE ASSESSMENTS

District Assessment participation displayed here

What grade will the student be in during the next statewide assessment testing window?

Current Grade and/or Next Grade

The student will participate in the Smarter Balanced Assessment.

Assessment: *Assessment Name*

Participation

With Accommodations

Designated Supports and Accommodation(s)

Example 1

Example 2

Assessment: *Assessment Name*

Participation

Without Accommodations

Smarter Balanced designated supports and accommodations will be submitted directly to the testing vendor on behalf of the district.

The student will participate in the Next Generation Science Standards Assessment.

Assessment: *Assessment Name*

Participation

With Accommodations

Designated Supports and Accommodation(s)

Example 1

Example 2

NGSS designated supports and accommodations will be submitted directly to the testing vendor on behalf of the district.

The student will participate in the CT School Day SAT Assessment

Assessment: *Assessment Name*

Participation

With Accommodations

Designated Supports and Accommodation(s)

Example 1

Example 2

Connecticut SAT School Day accommodations must be submitted by the district directly to College Board.