

504 ACCOMMODATION PLAN

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:	

<p>Indicate disability impairment and how it impacts the student's education.</p>	<p>Accommodations needed to address impact and eliminate/reduce restrictions and/or effects.</p>	<p>Person(s) Responsible:</p>
<p> <input type="checkbox"/> No health plan is needed <input type="checkbox"/> Health plan is attached <input type="checkbox"/> Will take tests under standardized conditions <input type="checkbox"/> Testing accommodations are attached Emergency Contact: _____ Emergency Contact Number _____ </p>	<p>Materials Needed:</p>	<p>Training Needs:</p>

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Transition Planning

Transition services are a coordinated set of activities for 504 students 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 will be based on 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 the student's next 504 need to address transition services? If yes, permission must be obtained to invite agency representatives to the next 504 meeting.

Agency(ies) to be invited is/are: WV Division of Rehabilitation Services (Tel. 304-285-3155) Other: _____
 1415 Earl Core Rd.; Morgantown, WV 26505 Other: _____

Parent/Guardian/Adult Student need to initial if providing consent for transition planning: Date: _____ Parent Initial _____ Student Initial _____

Project Review Date: _____ **Projected Re-Evaluation Date:** _____ **Committee Signature:** _____ **Title:** _____

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

___ I had an opportunity to participate in the development of this plan, and I have received a copy of the Notice of Rights Pamphlet.

___ I do give permission for my child to receive the accommodations described (required for all initial plans)

___ I do not give permission 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:				

