

Section 504 Student Services Plan

[Please Note: If the student's placement is General Education Homebound, services for the student should be documented on Form 17. This form is not to be used to create a General Education Homebound placement.] :

Date:	
Student Name:	Date of Birth:
Student ID:	Phone:
School:	Grade:
Student's Impairments:	

Type of meeting generating initial Plan or changes to Section 504 Services Plan	
<input type="checkbox"/> Initial Evaluation	<input type="checkbox"/> Manifestation Determination Evaluation
<input type="checkbox"/> Annual Review/ As Needed Review	<input type="checkbox"/> Periodic Re-Evaluation (every three years)
<input type="checkbox"/> Other:	

Certificate of Plan Distribution (Please indicate date distributed to parent and each person responsible for Plan implementation, or N/A as appropriate. Each person in receipt initials to indicate receipt of Plan and understanding of his or her responsibility to implement the Plan. This plan is confidential, and should only be shared and distributed as allowed by FERPA.)					
Date & Initials	Person Responsible	Date & Initials	Person Responsible		
	Parent/Adult Student		Administrator		
	English/Language Arts teacher		Counselor		
	Math teacher		Testing Coordinator		
	Science teacher		Dyslexia Teacher		
	Social Studies teacher		Other:		
	PE teacher		Other:		
	Fine Arts teacher		Other:		
	Vocational teacher		Other:		
Signature of 504 Coordinator or other person verifying delivery of Plan:					

Pre-Planning for Appropriate Services. Please use the following tool to outline broad areas of student need identified in the evaluation, and match those needs with specific services, which will be marked and more fully explained on the next few pages of the Services Plan. (Attach additional pages where necessary).	
Identify broad areas of need, as illuminated by the evaluation. (For example: student is inattentive, with off-task behavior and poor organization skills).	In light of these needs, what services, accommodations, etc., are necessary to provide equal opportunity to participate and benefit in the school's programs and activities? (For example, proximity seating, verbal redirection, assistance with an assignment notebook).
1.	
2.	
3.	
4.	
5.	
6.	
7.	

[illegible]

Does the student need a behavior plan? Yes ___ No ___ [If yes, page 4 must be completed and attached]				
Does the student require reasonable modification of District policies, practices or procedures? Yes ___ No ___ . [If yes, please explain below in the notes and explanation section]				
Does the student receive health plan services? Yes ___ No ___ [If yes, please attach the student's health plan]				
Texas Dyslexia Services (Form 16): For students eligible under the Texas Dyslexia Law, are dyslexia services required? If so, ___ hours per week/month/semester of dyslexia services will be provided. (Please circle appropriate time frame and use notes and explanation space below provide any additional detail.				
Accommodations required on the statewide assessment:				
Related services: (provide details in additional notes and explanation section)				
Tutorials		Counseling		Transportation
				Other _____
General Education Homebound (Form 17): ___ Hours per week of homebound instruction pursuant to Form 17.				

Additional Notes and Explanation

While checklist forms are convenient, they can also lead to confusion. Please use this page to ensure that the decisions of the Section 504 Committee are clear to school personnel and anyone else who has responsibility to implement the Plan or supervise its implementation.

- For example, where extended time for assignments is checked, indicate the amount of extended time to be provided (by number of minutes or by percentage, for example).
- Where other testing accommodation is checked, provide detail as to how the test should be adapted or the student's testing experience is to be accommodated.
- When a reasonable modification of policies, practices or procedures is required, indicate which policy, etc., and how it is to be modified (Student has extra day to complete written assignments without normal grade penalty under school's late-work policy).

This space should be used to document any decision, accommodation or service that does not “fit” the Service Plan grid, and to explain or provide detail for any item or issue where an entry on the Services Plan is unclear or subject to confusion. Add pages if necessary.

[illegible]

Section 504 Behavior Intervention Plan

[This form should be considered when the §504 Committee determines that the Student's behavior interferes with his ability to learn or the ability of other students to learn.]

Student Name:		Student ID:	
School:			
Date of Plan:			
Please list below each behavior, reinforcement, consequence and person responsible for administering the reinforcement or consequence. Appropriate intervention is based on assessment data, discipline history, social history, parent reports and other data.			
Behaviors targeted for intervention:			
Please select or add the appropriate behavior interventions for this student. Please use the notes and information page to explain choices and to ensure compliance.			
<input type="checkbox"/>	Clearly defined limits	<input type="checkbox"/>	Journal of daily behaviors
<input type="checkbox"/>	Frequent reminder of rules	<input type="checkbox"/>	Reinforce appropriate behavior
<input type="checkbox"/>	Reduce distracting stimuli	<input type="checkbox"/>	Supervised unstructured time
<input type="checkbox"/>	Consistent routine	<input type="checkbox"/>	Behavioral contract (attach)
<input type="checkbox"/>	Other	<input type="checkbox"/>	Other
<input type="checkbox"/>		<input type="checkbox"/>	Proximity seating
<input type="checkbox"/>		<input type="checkbox"/>	Cooling off period
<input type="checkbox"/>		<input type="checkbox"/>	Peer intervention
<input type="checkbox"/>		<input type="checkbox"/>	Other
<input type="checkbox"/>		<input type="checkbox"/>	Other
Communicate behavioral progress or status with parents through (check one):			
<input type="checkbox"/>	Weekly tracking form	<input type="checkbox"/>	Notes home
<input type="checkbox"/>	Daily tracking form	<input type="checkbox"/>	Email
<input type="checkbox"/>		<input type="checkbox"/>	Phone call
<input type="checkbox"/>		<input type="checkbox"/>	Parent conference
When a communication other than a tracking form is chosen, describe the frequency of required contact here (when particular behaviors occur, every two weeks, etc).			
When a targeted behavior occurs, the following occurs:			
Targeted Behavior	Reward for desired behavior	Consequence for undesired behavior	Person responsible for Reward or consequence