



SECTION 504 ACCOMMODATION PLAN

Note: Review this plan every 365 days for Section 504 eligible students.

Student Name			School	Date of Birth	Student No.
(Last)	(First)	(Middle)	Bonny Slope	01/30/03	[REDACTED]
Date of 504 Meeting 01/31/14			Date of Implementation 01/31/14		
Is additional information attached: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					

1. Describe the impact of the student's disability on the student's access to education or in the educational setting:
 [REDACTED] has Type I Diabetes, Health Plan on file. Fluctuating blood sugar levels affect physical and mental ability to learn.

2. List the specific accommodations needed to address the disability in the educational setting:

a. Homework accommodation - Provide the opportunity to turn assignments in late without penalty.

b. Tests should be taken when blood sugar levels are in range.

c. Provide [REDACTED] opportunity to carry and use cell phone for diabetes management and emergency contact.

d.

e.

Accommodations/modifications needed for State/District assessments: Tests should be taken when blood sugar levels are in range.

3. Describe the educational placement:	Check Option Selected	Explain
Regular school/general curriculum with accommodations as listed	<input checked="" type="checkbox"/>	With the above accommodations in place, [REDACTED] is capable of achieving appropriate academic progress in the general education setting. He does not need an alternative placement.
Other: Describe:	<input type="checkbox"/>	

4. List meeting participants (list or sign):	Area of knowledge relative to this meeting		
	Student	Evaluation Data	Accommodations/Placement Options
Elizabeth Johnson -- BSE Counselor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Chris Basham -- Teacher	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sara DeBoy -- Parent	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Julie Harper -- Nurse	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

PARENT CONSENT (for initial 504 plans): I agree to the implementation of this Section 504 Accommodation Plan.

Elizabeth Williams, Cedar Park Counselor
 Dhara Sheth, Cedar Park Coun. Intern

Parent/signature: [REDACTED] Date: 1/31/14

This document serves as notice to parents of the Accommodation Plan.
 C: Student cumulative file; parent