**KITTITAS SCHOOL DISTRICT** PO Box 599, Kittitas, WA 98934 SPECIAL EDUCATION

Phone: (509)968-3014 Fax: (509)968-4730

Section 504 Annual Plan

Student name:	Student #:	DOB:	Date:
Serving school:			Age:
Current medications:			
Instructional material(s):	Homewo	rk:	 
Instructional method(s):	Extracur	ricular activities:	
Environmental/Accessibility:	Behavior	/Social:	
Assessment/Testing:	Other:		

I have received a copy of the Section 504 Notice of Parent/Guardian and Student Rights.

Signatures of the 504 Team Participants:

Name	Role	Name	Role	
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This plan was an The recommenda	nended on: tions for this amendment are as fol	llows:		
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The recommenda	tions for this amendment are as fol	llows:	Role	
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The recommenda	tions for this amendment are as fol		Role	

The next projected review date would be:

This amendment does not change the date of the annual 504 plan.