

Section 504 Annual Plan

Student name: _____ Student #: _____ DOB: _____ Date: _____

Serving school: _____ Case Mgr: _____ Grade: _____ Age: _____

Annual 504 date: _____ Re-Eval Date: _____ 504 Disability: _____

Current medications: _____

Instructional material(s):

Homework:

Instructional method(s):

Extracurricular 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This plan was amended on: _____
The recommendations for this amendment are as follows:

Signatures of the 504 Team Participants:

Name	Role	Name	Role
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The next projected review date would be: _____
This amendment does not change the date of the annual 504 plan.