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**Utah State Board of Education**

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# **SECTION 504 NOTICE OF DECISION AND 504 PLAN**

A FORM FOR LEAS TO ADAPT AND USE

September 2023

N.B. This form is not required. This form is for LEAs to adapt and use at their discretion. USBE does not assume responsibility on how these forms are adapted and used.

## SECTION 504 NOTICE OF DECISION AND 504 PLAN

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

School Name: \_\_\_\_\_

Yes  No The student has a mental or physical impairment that substantially limits one or more of their major life activities.

Seeing

Thinking

Learning

Walking

Caring for Oneself

Helping

Sleeping

Concentrating

Breathing

Standing

Communicating

Working

Hearing

Lifting

Bending

Speaking

Eating

Other: \_\_\_\_\_

The answer above must be YES to be identified for eligibility under Section 504.

Evaluation procedures, tests, records, or reports used as a basis for the decision:

Cumulative Records

Teacher Input

State Assessment Results

Discipline Records Reading

Parent Input

Response to Intervention Data

Inventory

Report Card Grades

Outside/Private Evaluations

Other: \_\_\_\_\_

Attendance Records

Curriculum-Based Assessment

Yes  No Is this student eligible to receive related aids and services or accommodations in a 504 plan?

If you have any questions regarding your rights, you may contact:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Your *Notice of Parent and Student Rights under Section 504 of the Rehabilitation Act of 1973* is attached.

List each need and related accommodations. Additional pages can be printed, if needed.

Specific Need (1):

Related Aids and Services or Accommodations That Address the Need. Be Specific. (1):

Who Will Implement the Related Aids and Services or Accommodations? (1):

Criteria for Evaluating Success (1):

Specific Need (2):

Related Aids and Services or Accommodations That Address the Need. Be Specific. (2):

Who Will Implement the Related Aids and Services or Accommodations? (2):

Criteria for Evaluating Success (2):

Specific Need (3):

Related Aids and Services or Accommodations That Address the Need. Be Specific. (3):

Who Will Implement the Related Aids and Services or Accommodations? (3):

Criteria for Evaluating Success (3):

Specific Need (4):

Related Aids and Services or Accommodations That Address the Need. Be Specific. (4):

Who Will Implement the Related Aids and Services or Accommodations? (4):

Criteria for Evaluating Success (4):

Section 504 Plan Team:

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian:

I/We, \_\_\_\_\_, as this students' parent(s)/guardian(s),

Consent

Do not consent

for my/our child to receive the accommodations described.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Annual 504 Plan Review Scheduled: \_\_\_\_\_