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**Utah State Board of Education**

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

A FORM FOR LEAs TO ADAPT AND USE

August 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.

# School District/ Charter School Name

## SECTION 504 NOTICE OF DECISION AND ACCOMMODATIONS 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.

Yes  No The impairment substantially affects the student's overall performance at school in:

- |                                   |  |   |
|-----------------------------------|--|---|
| <input type="checkbox"/> Seeing   | <input type="checkbox"/> Concentrating | <input type="checkbox"/> Breathing          |
| <input type="checkbox"/> Walking  | <input type="checkbox"/> Communicating | <input type="checkbox"/> Working            |
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Lifting       | <input type="checkbox"/> Bending            |
| <input type="checkbox"/> Hearing  | <input type="checkbox"/> Eating        | <input type="checkbox"/> Standing           |
| <input type="checkbox"/> Speaking | <input type="checkbox"/> Learning      | <input type="checkbox"/> Caring for Oneself |
| <input type="checkbox"/> Thinking | <input type="checkbox"/> Helping       | <input type="checkbox"/> Other: _____       |

To be identified for a 504 Plan, both answers above must be YES. Is this student eligible to receive a 504 Plan? Yes No

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

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Cumulative Records         | <input type="checkbox"/> Teacher Input               | <input type="checkbox"/> State Assessment Results      |
| <input type="checkbox"/> Discipline Records Reading | <input type="checkbox"/> Parent Input                | <input type="checkbox"/> Response to Intervention Data |
| <input type="checkbox"/> Inventory                  | <input type="checkbox"/> Report Card Grades          | <input type="checkbox"/> Outside/Private Evaluations   |
| <input type="checkbox"/> Attendance Records         | <input type="checkbox"/> Curriculum-Based Assessment | <input type="checkbox"/> Other: _____                  |

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):

Accommodations That Address the Need. Be Specific. (1):

Who Will Implement the Accommodations? (1):

Criteria for Evaluating Success (1):

Specific Need (2):

Accommodations That Address the Need. Be Specific. (2):

Who Will Implement the Accommodations? (2):

Criteria for Evaluating Success (2):

Specific Need (3):

Accommodations That Address the Need. Be Specific. (3):

Who Will Implement the Accommodations? (3):

Criteria for Evaluating Success (3):

Specific Need (4):

Accommodations That Address the Need. Be Specific. (4):

Who Will Implement the 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: \_\_\_\_\_