

**DELAWARE CITY SCHOOLS**

SECTION 504 PLAN

**Student Name** \_\_\_\_\_ **Date of Meeting** \_\_\_\_\_

Substantial Limitation (i.e., problems to be addressed)	Intervention Strategy (i.e. accommodation/modification/related service)	Person(s) Responsible for Implementation/Data	Date to begin	Evaluation Procedure	Results & Comments

**Testing Accommodations (if needed):**

\_\_\_\_\_

**Anticipated Review Date:** \_\_\_\_\_ **Person Responsible for Monitoring Plan:** \_\_\_\_\_

Location of the implementation of this plan: \_\_\_\_\_

How will teachers and staff be made aware of this plan? \_\_\_\_\_

How will this plan be monitored? \_\_\_\_\_

\_\_\_\_\_ **I have participated in the development of this Plan and have received a copy of my rights under Section 504 (Form 2260.01A F3).**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Building 504 Officer: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
(Print, Sign, Title, Date)

\_\_\_\_\_  
(Print, Sign, Title, Date)

\_\_\_\_\_  
(Print, Sign, Title, Date)

\_\_\_\_\_  
(Print, Sign, Title, Date)

Copies to:  Parent/Guardian  Cumulative Folder  Administration (Central office, Building 504 Officer)  Teacher Responsible  Student when appropriate

**Student Name** \_\_\_\_\_ **Date of Meeting** \_\_\_\_\_

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4/07  
5/17/10