

# Guidelines for Educators

## ELIGIBILITY FOR 504/ADA ASSISTANCE

The student has a physical or mental disability which substantially limits the following major life activities:

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Caring for one's self   | <input type="checkbox"/> Speaking    |
| <input type="checkbox"/> Performing manual tasks | <input type="checkbox"/> Breathing   |
| <input type="checkbox"/> Walking                 | <input type="checkbox"/> Learning    |
| <input type="checkbox"/> Seeing                  | <input type="checkbox"/> Working     |
| <input type="checkbox"/> Hearing                 | <input type="checkbox"/> Other _____ |

*Accommodations Required* (please check areas of need and justify)

- Classroom: \_\_\_\_\_  
\_\_\_\_\_
- Accessibility: \_\_\_\_\_  
\_\_\_\_\_
- Facilities: \_\_\_\_\_  
\_\_\_\_\_
- Supplies/Equipment (describe): \_\_\_\_\_  
\_\_\_\_\_
- Related Services: \_\_\_\_\_  
\_\_\_\_\_
- Interpreter: \_\_\_\_\_
- Other (specify) \_\_\_\_\_  
\_\_\_\_\_

*Anticipated Duration of Time Accommodation Will Be Needed*

- Temporary (specify) \_\_\_\_\_
- Long-term (specify) \_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

**SECTION 504/ADA EVALUATION SUMMARY AND  
ACCOMMODATIONS AND/OR SERVICES**

School District: \_\_\_\_\_ Date: \_\_\_\_\_

Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**PARTICIPANTS** - Staff knowledgeable about the student and the results of the evaluation data.

**SUMMARY OF EVALUATION DATA** - Information from a variety of sources, including, as relevant, aptitude and achievement tests, teacher recommendations, physical condition, social or cultural background, and adaptive behavior.

**DETERMINATION OF WHETHER THE STUDENT HAS A DISABILITY UNDER SECTION  
504/ADA**

\_\_\_\_\_ The student **DOES NOT** have a physical or mental impairment which substantially limits one or more major life activities, such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

\_\_\_\_\_ The student **HAS** a physical or mental impairment which substantially limits one or more major life activities, such as caring for one's self performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working but:

\_\_\_\_\_ Student does not have a disability under the Individuals with a Disabilities Education Act (IDEA); or

\_\_\_\_\_ Student does not need special education and related services.

## SECTION 504/ADA ACCOMMODATIONS

DESCRIPTION OF EDUCATIONAL STRATEGIES - Specific ACCOMMODATIONS and/or services, or supplementary aids needed by the student to benefit from the educational program.

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PLACEMENT - The educational program must be in the least restrictive environment in which the student's needs can be met.

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NOTE: The student's record must contain documentation that procedural safeguard rights were provided to the student and parents.

**STUDENT ACCOMMODATION PLAN  
SECTION 504/ADA**

Student: \_\_\_\_\_ School: \_\_\_\_\_

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

1. Describe the nature of the concern(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Describe the basis for the determination of disability:

\_\_\_\_\_  
\_\_\_\_\_

3. Describe how the disability affects a major life activity:

\_\_\_\_\_  
\_\_\_\_\_

4. Describe the services and/or accommodations that are necessary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Review/Reassessment Date: \_\_\_\_\_

Participants:	Title:	Date:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

c: Student's Cumulative File

# Guidelines for Educators

## STUDENT ACCOMMODATION PLAN SECTION 504/ADA

Student: \_\_\_\_\_ Date: \_\_\_\_\_  
School: \_\_\_\_\_ DOB: \_\_\_\_\_

### Part 1: Justification for services

1. Is the student disabled under Section 504/ADA?

YES  NO

The student has a physical or mental impairment which substantially limits one or more of his/her major life activities.

caring for one's self

hearing

performing manual tasks

speaking

walking

working

seeing

learning

breathing

How does the disability affect a major life activity?

\_\_\_\_\_

\_\_\_\_\_

OR

Has a record of such a disability? (Associated with discrimination)

\_\_\_\_\_

\_\_\_\_\_

OR

Is regarded (perceived) as having such a disability? (Associated with discrimination)

\_\_\_\_\_

\_\_\_\_\_

2. Briefly document the basis for determining the disability: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART II STUDENT ACCOMMODATIONS**

Accommodation: \_\_\_\_\_

Objective: \_\_\_\_\_

Objective: \_\_\_\_\_

Accommodation 2: \_\_\_\_\_

Objective: \_\_\_\_\_

Objective: \_\_\_\_\_

Accommodation 3: \_\_\_\_\_

Objective: \_\_\_\_\_

Objective: \_\_\_\_\_

DURATION OF ACCOMMODATION(S) From \_\_\_\_\_ To \_\_\_\_\_

Review/Reassessment Date: \_\_\_\_\_

**Participants**

Name Title Date

_____	_____	_____
_____	_____	_____
_____	_____	_____

c: Student's Cumulative File