

ELIGIBILITY DETERMINATION

1. Does the student have a physical or mental impairment? _____ Yes _____ No

If yes, describe: _____

2. Does the student's impairment affect one or more major life activities? _____ Yes _____ No

If yes, check appropriate box below. (*Note: Do not consider medication, assistive devices or other ameliorating factors.*)

<input type="checkbox"/> Caring for oneself	<input type="checkbox"/> Sleeping	<input type="checkbox"/> Bowel function
<input type="checkbox"/> Performing manual tasks	<input type="checkbox"/> Standing	<input type="checkbox"/> Bladder function
<input type="checkbox"/> Seeing	<input type="checkbox"/> Thinking	<input type="checkbox"/> Walking
<input type="checkbox"/> Hearing	<input type="checkbox"/> Concentrating	<input type="checkbox"/> Other bodily functions (explain/list below)
<input type="checkbox"/> Speaking	<input type="checkbox"/> Learning	<input type="checkbox"/>
<input type="checkbox"/> Functions of immune system	<input type="checkbox"/> Reading	<input type="checkbox"/>
<input type="checkbox"/> Eating	<input type="checkbox"/> Neurological function	<input type="checkbox"/>
<input type="checkbox"/> Lifting	<input type="checkbox"/> Breathing	<input type="checkbox"/>
<input type="checkbox"/> Bending	<input type="checkbox"/> Communicating	<input type="checkbox"/>

If yes, describe how the activity is limited:

- 1 Negligibly
- 2 Mildly
- 3 Moderately
- 4 Substantially
- 5 Extremely

3. Does the student's impairment substantially limit one or more major life activities?

Mark "Yes" if answer to #2 above was 4 or 5: _____ Yes _____ No

4. Does the student need accommodations, services or supports to access the benefits of public education at a level similar to the average student? (*Note: Consider student as student presents in school setting, which may include medication, assistive devices and other ameliorating factors.*)

<input type="checkbox"/> Yes	If yes, complete 504 Plan document
<input type="checkbox"/> No	If no, explain

Siuslaw School District 97J Student Plan for Section 504 Accommodations

Student: _____ Date of Birth: _____ Meeting Date: _____

Teaching Techniques

Testing/State Testing (as allowable in Oregon Accommodations Manual)

Homework

Physical

Behavioral

Other

Team Signatures

For each team member, sign and check if you agree or disagree with team decision of eligibility/plan.

Role	Signature	Agree	Disagree
Parent/Guardian(s)			
Parent/Guardian(s)			
Student			
Case Manager			
District Representative/ Principal			
Teacher			
Teacher			
Teacher			
Teacher			
Teacher			
Teacher			
Teacher			
Teacher			
Teacher			
Other (please identify role):			
Other (please identify role):			

PARENT CONSENT *(Complete for initial 504 plans)*

I agree to implementation of this 504 Student Accommodation Plan. I understand that granting of consent is voluntary.

I do not agree to implementation of this 504 Student Accommodation Plan. I understand that denial of consent is voluntary.

 Parent/Guardian Signature Date Phone Email

NOTICE

This document constitutes the district's notice to parents with respect to identification, evaluation and placement under Section 504.

Original to Student District file
 Cc: Student Cumulative/Building File, Parent

Siuslaw School District 97J Section 504 Student Accommodations Examples/Inspiration

(This is not a menu or complete list; base the plan on each student's individual needs. As new accommodations are discovered, add to this list.)

Teaching Techniques

<input type="checkbox"/> Advance outlines of chapter or unit	<input type="checkbox"/> Provide predictable structure & routine
<input type="checkbox"/> Pre-taught vocabulary & concepts	<input type="checkbox"/> Reduce writing requirements
<input type="checkbox"/> Highlighted texts/study sheets	<input type="checkbox"/> Large print materials
<input type="checkbox"/> Provide alternative work	<input type="checkbox"/> Outline of lecture
<input type="checkbox"/> Frequent reviews	<input type="checkbox"/> Demonstrate tasks- repeat as needed for understanding
<input type="checkbox"/> Lower reading materials	<input type="checkbox"/> Shortened assignments
<input type="checkbox"/> Monitor for understanding	<input type="checkbox"/> Extended time for work
<input type="checkbox"/> Allow use of digital tools (for example: calculators, computers & spell check)	<input type="checkbox"/> Other

Testing/State Testing (as allowable in Oregon Accommodations Manual)

<input type="checkbox"/> Additional review before test	<input type="checkbox"/> Alternate format (for example: oral, or project-based, read aloud, or recorded)
<input type="checkbox"/> Distraction free testing area	<input type="checkbox"/> Extended time on exams
<input type="checkbox"/> Open book	<input type="checkbox"/> Open notes
<input type="checkbox"/> Other	<input type="checkbox"/> Other

Homework

<input type="checkbox"/> Extra time without penalty	<input type="checkbox"/> Alternative assignments
<input type="checkbox"/> Break long assignments into smaller amounts	<input type="checkbox"/> Shortened assignments

Physical

<input type="checkbox"/> Extra or different passing time	<input type="checkbox"/> Access to elevator or lift
<input type="checkbox"/> Special seating	<input type="checkbox"/> Other

Behavioral

<input type="checkbox"/> Present multiple options/choices	<input type="checkbox"/> Time out or break (sensory or emotional)
<input type="checkbox"/> Behavior contract or plan	<input type="checkbox"/> Check In Check Out
<input type="checkbox"/> Incentive system	<input type="checkbox"/> Point card system
<input type="checkbox"/> Other	<input type="checkbox"/> Other