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| **Section I: Demographics and Identified Need** | | | | | |
| Date: |  | Grade: |  | Next Annual Due Date: |  |
| Student: |  | Address: |  | DOB: |  |
| Parent/Guardian Name: |  |
| Counselor/504 Case Manager: |  | Phone Number: |  |

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| **Areas of Need** |
| 1. **Describe the Nature of the Concern (i.e., what is the 504 plan intended to support?)** |
| * [INSERT Student Name] is having difficulty completing homework assignments and staying focused on the work happening in the classroom. * This often looks like blurting out answers, not waiting to be called on, and missing 2-3 homework assignments per week. * [INSERT Student Name] is usually able to redirect and be reminded to wait his turn, but has a hard time staying on task with the present conversation without reminders |
| 1. **Describe the Basis for the Determination of Eligibility (i.e., what is the supporting evidence?)** |
| * During the summer of 2022 [INSERT Student Name]’s parents informed the school that there was an ADHD evaluation currently happening with their pediatrician. * In September of 2022, [INSERT Student Name]’s parents provided the school with a copy of the evaluation report indicating that [INSERT Student Name] did in fact have a diagnosis of ADHD. * Included in that report is the specific type of ADHD (attentive and impulsive) as well as information regarding recommendations and medication dosages **(NOTE:** if there is a medication involved, the school nurse should be brought into the team to provide any training and develop any health plans that may be required) |
| 1. **Describe how the Physical or Medical Disability affects a Major Life Activity, including Learning (i.e., what is the 504 plan supporting in the classroom? How will this document support learning)?** |
| * It was noted in the evaluation report that, due to both attentive type and impulsive type ADHD, [INSERT Student Name] would benefit from supports that include preferred seating to assist with distractions, reduced homework assignments, increased rate of reinforcers, and extended time on assignments (not to exceed one week of the original due date) |
| **Team Meeting Notes/Documentation** |
| * Student data and/or additional information not captured above should be entered below * If the team chooses to set a new date or reconvene, next steps should also be captured in this section |

**SECTION II: Identified Accommodations**

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| **Lesson Presentation/Assignments/Worksheets** | | | | | |
|  | Provide additional written directions or notes on multistep processes |  | Have student review key points orally |  | Give more frequent breaks from work |
|  | Write key points on the board |  | Allow verbal rather than written responses |  | Simplify complex directions |
|  | Provide taped books or materials |  | Allow student to demonstrate knowledge through alternate means such as hands-on projects or assignments |  | Teacher help with spelling and punctuation in writing assignments |
|  | Provide additional or modified visual aids |  | Use computer-assisted instruction |  | Give frequent short quizzes and avoiding long test |
|  | Allow student to tape record assignment/homework/lessons |  | Take tests in an alternative setting |  | Tailor homework assignments |
|  | Provide discussion notes and outlines to supplement notes taken by student |  | Provide daily assignment sheet |  | Requiring fewer correct responses to achieve grade |
|  | Additional accommodations (not identified; please specify): | | | | |
| **Organization** | | | | | |
|  | Provide extra help from teacher or other adult |  | Special seating arrangement |  | After school assistance |
|  | Send home daily or weekly progress reports |  | Modify/monitor less structured times (PE transitions, filed trips, bus rides) |  | Provide student with homework assignments after an absence |
|  | Allow student to have extra set of books at home |  | Develop a menu of positive reinforcers and plan for systematic use |  |  |
|  | Additional accommodations (not identified; please specify): | | | | |
| **Behaviors** | | | | | |
|  | Implement a Behavior Support Plan |  | Make “prudent use” of negative consequences |  | Cue student to stay on task (nonverbal signal) |
|  | Keep classroom rules simple and clear |  | Allow for short breaks between assignments |  | Mark students correct answers not his mistakes |
|  | Implement a classroom behavior management system |  | Allow student time out of seat |  | Ignore inappropriate behaviors not drastically outside classroom limits |
|  | Increase the immediacy of rewards |  | Contract with student |  | Allow legitimate movement |
|  | Implement time out procedures or cool down zones |  |  |  |  |
|  | Additional accommodations (not identified; please specify): | | | | |
| **Special Considerations** | | | | | |
|  | Provide social skills group experience |  | Modify student movement/times (i.e., early to lunch, late to the next class to reduce stimulation, etc.) |  | Develop intervention strategies for transitional period |
|  | Accommodations for bus riding (please specify) |  | This student’s Section 504 disability would not cause the student to violate school rules. |  | This student’s Section 504 disability could cause the student to violate school rules. |
|  | Additional accommodations (not identified; please specify): | | | | |

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| **Section III: Meeting Participants** | | | | | | |
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| Name | |  | Title |  | Date |  |
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| Name | |  | Title |  | Date |  |

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| Name |  | Title |  | Date |