

**SECTION 504 PLAN**  
 Wellington School District  
 221 S Washington  
 Wellington, KS 67152

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Disability: \_\_\_\_\_  
 Parent(s)/Guardian(s): \_\_\_\_\_ School: \_\_\_\_\_  
 School Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_  
 Date of meeting at which Plan was developed: \_\_\_\_\_ Date of next annual review: \_\_\_\_\_

**A. Team Members (Check the categories that apply to each Team member below)**

<u>Name/Position:</u>	<u>Knowledgeable about:</u>		
_____	<input type="checkbox"/> Child	<input type="checkbox"/> Meaning of Evaluation Data	<input type="checkbox"/> Accommodations/Placement Options
_____	<input type="checkbox"/> Child	<input type="checkbox"/> Meaning of Evaluation Data	<input type="checkbox"/> Accommodations/Placement Options
_____	<input type="checkbox"/> Child	<input type="checkbox"/> Meaning of Evaluation Data	<input type="checkbox"/> Accommodations/Placement Options
_____	<input type="checkbox"/> Child	<input type="checkbox"/> Meaning of Evaluation Data	<input type="checkbox"/> Accommodations/Placement Options
_____	<input type="checkbox"/> Child	<input type="checkbox"/> Meaning of Evaluation Data	<input type="checkbox"/> Accommodations/Placement Options

**B. Accommodations/Related Aids and Services**

*Note: After eligibility has been determined, the Team should consider the student's current functional limitations with consideration of the use of mitigating measures in developing the 504 Plan. All accommodations or related aids and services should be directly linked to the student's disability and should be measures that are unique to and necessary for the student.*

The Team believes that the following accommodations or related aids and services are necessary for the student to access and benefit from his or her educational program:

1. The school will: *(state action and person responsible)*
  - a.
  - b.
  - c.
  - d.
2. The parent(s) will:
  - a.
  - b.
  - c.
  - d.
3. The student will:
  - a.
  - b.
  - c.
  - d.
4. Participation in assessments:  No accommodations  With accommodations

Specify assessment accommodations:

Distribution List:

Teachers  Nurse  Extra-curricular  Staff Others