

**Gibraltar School District:  
SECTION 504 PLAN**

MEETING DATE: \_\_/\_\_/\_\_

PREVIOUS DATE: \_\_/\_\_/\_\_

STUDENT: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_ GENDER: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENT(S): \_\_\_\_\_ PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

**MEETING PURPOSE**

Initial     Review     Redetermination     Manifestation Review

**PARENT CONTACT**

The parent(s)/guardian(s) were contacted by the school to ensure that they would have an opportunity to attend this meeting, to explain the purpose of the meeting and the role of the participants.

**MEETING PARTICIPANTS IN ATTENDANCE**

Signatures of the following individuals indicate attendance at this meeting. Additional participants' names should be documented and attached.

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Teacher of Record

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Teacher of Record

\_\_\_\_\_  
Student

\_\_\_\_\_  
District 504 Coordinator

\_\_\_\_\_  
Other

**MEETING SUMMARY**

All information referenced in this meeting must be documented and attached to this report.

1. Review of evaluation information:

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2. Describe how the identified disability significantly limits a major life activity.

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**ELIGIBILITY**

Yes  No Student meets Section 504 eligibility criteria

**PLAN OF SUPPORTS AND SERVICES**

Intervention	By Whom	Setting/Location

\*Attach appropriate Health Plan, Behavior Intervention Plan, or other documents, as appropriate.

**PARTICIPATION IN STATEWIDE ASSESSMENT**

Accommodation(s) needed:  Yes  No

List Accommodation(s): \_\_\_\_\_  
 \_\_\_\_\_

Date Section 504 Plan will begin: \_\_\_\_/\_\_\_\_/\_\_\_\_

Anticipated duration of the Section 504 Plan before next review:  One Year  Other

**NOTICE FOR PROVISION OF SECTION 504 SERVICES**

The district will provide written notice to the parent when the district proposes to initiate or change the educational placement of the student or the provision of a Free Appropriate Public Education (FAPE) to the student; or when they refuse to initiate or change the educational placement of the student or provision of FAPE to the student.

You are receiving notice for: \_\_\_\_\_  
(student name) (student ID)

**DISTRICT COMMITMENT TO SECTION 504 PLAN**

The school district intends to implement the Section 504 Plan as written is authorized with the signature of the building principal.

\_\_\_\_\_  
*Building Principal*

\_\_\_\_\_  
*Date*

**DISTRICT NOTICE OF CHANGE IN PROGRAM**

- You are receiving this notice because your student was found ineligible for Section 504 at the team meeting dated: \_\_\_\_\_.
- You are receiving this notice because we will be offering a change in placement. See the complete plan for the details of this change.

**PARENT NOTICE**

A complete copy of the Section 504 Plan, together with the Parent Notification of Rights under Section 504 of the Rehabilitation Act were provided to the parent(s)/guardian(s).

Method of delivery:

- U.S. Mail to home address
- Delivered personally to parent(s)/guardian(s)
- Other: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
*Contact Person*

**PARENT CONSENT**

**For students found eligible for Section 504 only.**

- I give consent for the initial provision of the Section 504 plan.
- I refuse consent for the initial provision of the Section 504 plan.

X \_\_\_\_\_  
*Signature of Parent*

\_\_\_\_\_  
*Date*