

Section 504 Committee Report and Alternative Learning Plan

*Student Data*

Conference Date\_\_\_\_\_

Name\_\_\_\_\_ DOB\_\_\_\_\_ Age\_\_\_\_\_ Grade\_\_\_\_\_

School Attending\_\_\_\_\_ Home School\_\_\_\_\_

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

Address\_\_\_\_\_ email\_\_\_\_\_

\_\_\_\_\_ phone\_\_\_\_\_

*Legal Custody Status*

\_\_\_\_\_ Natural Parent      \_\_\_\_\_ Paternal Parent      \_\_\_\_\_ Maternal Parent

\_\_\_\_\_ Ward of Court      \_\_\_\_\_ Foster Parent      \_\_\_\_\_ Guardian

*Committee Participants*

Building Representative\_\_\_\_\_

General Education Teacher\_\_\_\_\_

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

Student\_\_\_\_\_

Nurse\_\_\_\_\_

Assessment Team Member\_\_\_\_\_

Specialist\_\_\_\_\_

*Purpose of Conference*

\_\_\_\_\_ Initial      \_\_\_\_\_ Re-evaluation      \_\_\_\_\_ Move In

\_\_\_\_\_ 504 Review/Revision      \_\_\_\_\_ Manifestation Determination

\_\_\_\_\_ Other

*Conference Deliberations*

Present levels of performance at school

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Information presented to the school (Medical, counselor, social/emotional behavior, communication records, intellectual and educational tests, adaptive behavior, current medications, school attendance, OT/PT reports, grades, teacher report, etc.). Name tests used, if applicable.

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Is there a physical or mental impairment?  Yes  No

Is there a history of impairment?  Yes  No

Is the student regarded as having an impairment?  Yes  No

Does this impairment substantially limit one or more major life activities, such as caring for oneself, sleeping, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, working, reading, thinking, or concentrating?  Yes  No

If yes, describe how this impacts the student at school or explain the potential impact.

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Does the 504 committee have sufficient data to qualify the individual with a physical or mental impairment that limits one or more major life activities to a substantial extent?  Yes  No

If additional information is required, name the person responsible for acquiring the information

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The 504 committee will reconvene on or about \_\_\_\_\_ to review additional information and to determine eligibility.

*Eligibility*

\_\_\_\_\_ On the basis of the data presented, the student is not eligible for services.

\_\_\_\_\_ On the basis of the data presented, the student qualifies for Section 504 services.

*Building Adaptations and Accommodations*

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Date services are to be initiated \_\_\_\_\_

Anticipated duration \_\_\_\_\_

Annual Review Date \_\_\_\_\_

*Parent/Guardian Permission*

\_\_\_\_\_ I have received a verbal and written explanation of parental rights. I have the right to request a 504 conference meeting at any time. I have the right to revoke my written consent prior to the placement of my child. I understand that a copy of the Section 504 Committee Report/Alternative Learning Plan will be provided within 10 instructional days following this meeting.

\_\_\_\_\_ Permission for the program to begin is granted.

\_\_\_\_\_ Permission for the program to begin is denied.

\_\_\_\_\_ No decision is being made, the Committee will reconvene.

\_\_\_\_\_ I understand my student is not eligible for 504 services.

\_\_\_\_\_  
(Parent/Guardian) Signature

\_\_\_\_\_  
Date

Any party to this referral may submit a written opinion to be attached to this report.