

Anaheim Union High School District

SECTION 504 PLAN

Student ID _____ Date of Birth _____ Last Name _____
_____ First Name _____ School _____
_____ Grade _____

Student's Primary Language _____ English Language Development Level _____

Plan Date _____ Evaluation Due _____ Student has the following physical or mental impairment(s): _____.

ACCOMMODATIONS

- State/District testing accommodations are not required.
- State/District testing accommodations are required and identified in the Related Accommodation section below. Behavioral accommodations are not required.
- Behavioral accommodations are required and identified in the Related Accommodation section below. Mark if Behavior Intervention Plan attached.

Identified Need Related Accommodation & Setting Responsible Person(s)

CONSENT

- I have been provided a copy of the Section 504 Plan developed for my child and the notice of Section 504 Parent Procedural Safeguards.
- I have participated in the Section 504 meeting.
- I consent the Section 504 Plan.
- I consent to the Section 504 Plan but disagree with the following:
_____.
- I do not consent to the Section 504 Plan and understand that it will not be implemented for my

child. Parent/Guardian Signature Date

Section 504 Plan

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Student Name: _____

SECTION 504 MEETING NOTES

Date:

Section 504 Plan

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Student Name: _____

ACCOMMODATIONS (CONTINUED IF NEEDED)

Identified Need Related Accommodation & Setting Responsible Person(s)