



## SACRAMENTO CITY UNIFIED SCHOOL DISTRICT SECTION 504 PLAN

Meeting Date:	Initial <input type="checkbox"/>	Review <input type="checkbox"/>	Recorders Name:	Review Date:
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### Demographic Information

Student Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	Date of birth:	Parent or guardian:
Address:	Grade:	Phone number:	Student I.D.:

### Disability Information (Please include diagnosis if possible)

Disability 1:	Note 1:	Verification attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
Disability 2:	Note 2:	Verification attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
Disability 3:	Note 3:	Verification attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
Disability 4:	Note 4:	Verification attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
Disability 5:	Note 5:	Verification attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
Disability 6:	Note 6:	Verification attached: <input type="checkbox"/> Yes <input type="checkbox"/> No

### 504 Committee Members

Name:	Title:	Signature:	Area of knowledge:
			<input type="checkbox"/> Child <input type="checkbox"/> Evaluation data <input type="checkbox"/> Accommodations/options
			<input type="checkbox"/> Child <input type="checkbox"/> Evaluation data <input type="checkbox"/> Accommodations/options
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			<input type="checkbox"/> Child <input type="checkbox"/> Evaluation data <input type="checkbox"/> Accommodations/options

Describe the student's strengths:

504 Accommodation Plan

Area of difficulty:  
Accommodations:

Start date:	Duration:	Frequency:	Setting:	Responsible party:
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Area of difficulty:  
Accommodations:

Start date:	Duration:	Frequency:	Setting:	Responsible party:
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Area of difficulty:  
Accommodations:

Start date:	Duration:	Frequency:	Setting:	Responsible party:
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Area of difficulty: Accommodations:				
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Start date:	Duration:	Frequency:	Setting:	Responsible party:
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Area of difficulty: Accommodations:				
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Start date:	Duration:	Frequency:	Setting:	Responsible party:
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Area of difficulty: Accommodations:				
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Start date:	Duration:	Frequency:	Setting:	Responsible party:
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Area of difficulty: Accommodations:				
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Start date:	Duration:	Frequency:	Setting:	Responsible party:
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I agree with the accommodations listed in this plan.  I **DO NOT** agree with the accommodations listed in this plan.

I have been provided with a copy of 504 accommodation parent rights.

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Distribution:	<input type="checkbox"/> Parent or guardian	<input type="checkbox"/> Section 504 Plan Service Providers	<input type="checkbox"/> Infinite Campus - Uploaded	<input type="checkbox"/> Infinite Campus - Flagged	<input type="checkbox"/> Cumulative file
		<input type="checkbox"/> Site section 504 Coordinator	<input type="checkbox"/> Infinite Campus - Recorded	<input type="checkbox"/> District 504 coordinator (Box 708)	