

**JOHNSON COUNTY SCHOOLS
SECTION 504 EDUCATION SERVICE PLAN**

SCHOOL YEAR: _____

Student: _____ Date of Birth: _____

Grade: _____ School: _____

1. Does the student have a physical or mental impairment which substantially limits one or more major life activities; a record or such impairment; or, is regarded as having such impairment? _____ YES _____ NO

2. Nature of impairment(s): _____
Evaluation by: _____ Date: _____
Reevaluation due date (three years): _____

3. Areas which need to be addressed:
- _____
- _____
- _____
- _____

4. The following sources of information have been used in designing this plan:
- _____ Aptitude and Achievement Testing
- _____ Teacher Recommendations
- _____ Physical Condition
- _____ Social or Cultural Background
- _____ Adaptive Behavior
- Other: _____

5. Was parent notified of meeting? _____ YES _____ NO
Notified by: _____

6. Individuals attending planning conference:

Name:	Title:	Date:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parental Consent:

I have been given a copy of Board Policy 1.802: Section 504 and ADA Grievance Procedures and a copy of Parent/Student Rights. I have reviewed this Education Service Plan and consent for it to be used in the education of my child.

Signature of Parent/Guardian

Date

EDUCATION SERVICE PLAN STRATEGY SHEET

SECTION 504

The following strategies will be implemented by the specified persons to meet the individual needs of:

Student's Name _____ School Year _____

Strategy #1 & Person Responsible:

Strategy #2 & Person Responsible:

Strategy #3 & Person Responsible:

Strategy #4 & Person Responsible:

Strategy #5 & Person Responsible:

Strategy #6 & Person Responsible:

Instructional Environment:
