



SECTION 504 SERVICE PLAN
STOCKTON UNIFIED SCHOOL DISTRICT
701 N. Madison Street, Stockton, CA 95202



Part 1: General Information

Student:		Student I.D. #:
School:		DOB:
Teacher:	Grade:	Ethnicity:
504 Service Coordinator:		504 Site Manager:
Meeting Date:	Initial Date:	Follow Up Date:
Purpose of Meeting (Check all that apply):		
<input type="checkbox"/> Eligibility	<input type="checkbox"/> Initial Plan	
<input type="checkbox"/> Develop Section 504 Plan	<input type="checkbox"/> Follow-Up	
<input type="checkbox"/> Annual Review	<input type="checkbox"/> Annual Plan	
<input type="checkbox"/> Other:		
1. Describe the disability:		
2. Describe how the disability substantially limits a major life activity:		

Part 2: Eligibility Determination

Based on the evaluation data gathered the Section 504 Plan team answered the following questions to determine Section 504 eligibility:

Does the student have a physical **or** mental impairment? Yes No

Does the physical **or** mental impairment substantially limit one or more major life activities?
 Yes No

If yes, check all that apply:

<input type="checkbox"/> Caring for oneself	<input type="checkbox"/> Bending
<input type="checkbox"/> Performing manual tasks	<input type="checkbox"/> Speaking
<input type="checkbox"/> Seeing	<input type="checkbox"/> Breathing
<input type="checkbox"/> Hearing	<input type="checkbox"/> Learning
<input type="checkbox"/> Eating	<input type="checkbox"/> Reading
<input type="checkbox"/> Sleeping	<input type="checkbox"/> Concentrating
<input type="checkbox"/> Walking	<input type="checkbox"/> Thinking
<input type="checkbox"/> Standing	<input type="checkbox"/> Communicating
<input type="checkbox"/> Lifting	<input type="checkbox"/> Other:

Part 3: Summary of Findings

The Section 504 Service Plan team's review of relevant information and eligibility criteria indicates:

- The student is not eligible** for a Section 504 Service Plan and will continue to receive regular education resources and programs.
- The student is eligible** for a Section 504 Service Plan. (Initial Plan)
- The student remains eligible** under Section 504 and will receive an updated Service Plan.
- The student is technically eligible under Section 504, but does not require a 504 Plan. Student is still protected from discrimination.** (May apply for students who have a record of or are regarded as having a qualifying impairment.)
- The student is no longer eligible** for Section 504 and is exited from the program. The student will now receive regular education without Section 504 services.
- The student remains eligible** under Section 504, but the parent/guardian hereby revokes his/her consent to Section 504. Therefore, the District will provide the parent/guardian with prior written notice and a date on which the Section 504 Service Plan will cease to be implemented.

Student Name: _____ **Student ID#:** _____ **Meeting Date:** _____

Part 4: 504 Accommodation Plan

List the accommodations supports necessary to address the student’s disability in the educational setting.

Identified Impairment/Major Life Activity	Necessary Accommodations and/or Related Aids and Services	Individual(s) Responsible for Implementation & Monitoring	Start/End Date
	<p>Note: Due to COVID-19 and State's Mandate of School Closures on March 13,2020; the 504 team discussed service options based on student educational needs. Distance Learning will be in effect until the state reopens the schools/ educational settings. When School Resumes: student's services will be provided as stated per this 504 Plan.</p>		

Student Name: _____ **Student ID#:** _____ **Meeting Date:** _____

Part 5: Parent/Guardian Response

- I agree to all parts of the 504 Service Plan.
- I agree with the 504 Service Plan with the exception of _____.
- I decline the offer of the 504 Service Plan.
- I understand that my child is not eligible for a Section 504 Service Plan.
- I understand that my child is no longer eligible for a Section 504 Service Plan.
- I understand that my child is eligible for Section 504 protection from discrimination and does not require a 504 Service Plan.

- I have received a copy of the Notice of Parent/Guardian Rights and Procedural Safeguards under Section 504.

Comments:

Signature below is to authorize and approve the 504 Service Plan.*

*Due to Covid-19 School Closure - All parties will give verbal authorization and approval as documented below and initialed by _____ who served as recorder for this meeting. _____ Initials

Parent/Guardian Name:		Initials:	Date:
Parent/Guardian Signature:		Initials:	Date:
Student Signature (if appropriate):		Initials:	Date:
Name:	Initials:	Administrator/ 504 Site Manager	Date:
Name:	Initials:	504 Case Coordinator	Date:
Name:	Initials:	Teacher	Date:
Name:	Initials:	Title:	Date:
Name:	Initials:	Title:	Date:

Student Name: _____ **Student ID#:** _____ **Meeting Date:** _____

Section 504 Service Plan Team Meeting Notes

Note: Due to COVID-19 and State's Mandate of School Closures on March 13,2020; the 504 team discussed service options based on student educational needs. Distance Learning will be in effect until state reopens the schools/educational settings. When School Resumes: student's services will be provided as stated per this 504 Plan.

Distribution List:

- Parent
- Student's Teacher(s)
- School Site Administrator
- Student's Cumulative Record
- District 504 Coordinator – attn: Jennifer Robles, Student Support Services Department (interoffice mail or e-mail to 504-Coordinator@stocktonusd.net)

**Documentation of 504 meeting participation and signatures/
authorizations under Covid-19 based school closure**

Student Name:

Student ID:

Meeting Date:

Verification of parent/caregiver phone number, email, and address:

Parent/Caregiver name:

Parent/Caregiver phone number:

Parent/Caregiver email:

Parent/Caregiver mailing address

Meeting was held by:

phone conference

virtual meeting - which platform: _____

other - _____

Who participated and how (phone, Zoom, Google Meet, Go To Meeting, etc):

Name	Role/Title	How they participated
	Parent/Guardian	
	504 Site Manager/Administrator	
	504 Service Coordinator	
	Teacher	

Family agreed to participate by:

Copy of 504 Plan provided to family by:

- Verbal consent by phone
- Consent by text message
- Emailed statement
- Other

- Mail
- E-mail
- Text
- Other

Parental Rights provided to family by:

Covid-19 letter provided to family by:

- Mail
- E-mail
- Text
- Other

- Mail
- E-mail
- Text
- Other