



*Section* **504**

**Accommodation Plan  
for Postsecondary  
Adult/Vocational Education  
Students**

**M a y 2 0 0 4**



**Miami-Dade County Public Schools**  
*giving our students the world*

**Office of Adult/Vocational  
and Alternative Education**

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*Section* **504**

Accommodation Plan  
for Postsecondary  
Adult/Vocational Education  
Students

M a y 2 0 0 4

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## Table of Contents

|  |    |
|--|----|
| Preface/Acknowledgments .....  | v  |
| Authorization .....  | 1  |
| Definitions .....  | 3  |
| Section 504 Accommodation Plan Form .....                            | 5  |
| Instructions for Completing the Section 504 Accommodation Plan ..... | 7  |
| Section 504 Accommodation Plan Samples .....                         | 11 |



## **Preface**

This document provides information about *Section 504 Accommodation Plans* for students with disabilities who participate in the public school district's adult general education or postsecondary vocational education program. It is designed for the purpose of assisting educators to address the special needs of students with disabilities and to meet federal and state requirements.

The following areas are addressed:

- background information on Section 504 of the Rehabilitation Act of 1973, including definitions
- a sample *504 Accommodation Plan* (form) with instructions for completing the plan
- samples of completed plans.

## **Acknowledgments**

Appreciation is extended to the following persons who assisted in the development and review of this product:

Dr. Janet Adams, Florida Department of Education  
Ms. Nancy Benda, Equal Educational Opportunities Program  
Ms. Margaret Hardee, Tallahassee Community College  
Ms. Veronica Sehrt, Leon County Schools



## **Authorization**

### **Section 504 of the Rehabilitation Act of 1973**

*“No qualified handicapped person shall, on the basis of handicap, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity which receives or benefits from federal financial assistance.”*

### **The Florida Educational Equity Act**

*“Discrimination on the basis of race, national origin, sex, handicap or marital status against a student or an employee in the state system of public education is prohibited. No person in this state shall, on the basis of race, national origin, sex, handicap, or marital status be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity, or in any employment conditions or practices, conducted by a public educational institution which receives or benefits from federal or state financial assistance.”*



## Definitions

For clarification purposes, definitions of the terms employed under Section 504 of the Rehabilitation Act of 1973 will be found in the bordered texts which follow.

### Who is a disabled individual?

A **disabled individual**, under Section 504, means any person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment. "Major life activities" include such things as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

To determine whether a particular individual is protected by Section 504 (as well as by the Americans with Disabilities Act [ADA] which carries the same protections), a careful analysis is required as to whether a person is an individual with a disability as well as whether that person is qualified to receive aids and services.

### What is an impairment?

An **impairment** is a physiological disorder affecting one or more body systems or a mental or psychological disorder. It is not the name of the impairment or condition that determines whether a person is disabled but, rather, the effect the impairment has on the life functions of the particular person.

Individuals with disabilities such as vision, hearing, and mental and motor impairments, as well as those with debilitating diseases, are protected when it is determined on an individual basis that the disability is severe enough to limit a major life activity.

A single impairment or condition may not be severe enough to limit a major life activity. However, in combination with another impairment, it may qualify the person as disabled.

The following conditions are not impairments:

- environmental, cultural, and economic disadvantages
- homosexuality and bisexuality
- pregnancy (unless the individual has related physical or mental disabilities severe enough to limit a major life activity)
- physical characteristics
- common personality traits
- normal deviations in height, weight, or strength.

## What makes an impairment “substantially limiting”?

An impairment is **substantially limiting** if it prohibits or significantly restricts an individual’s ability to perform a major life activity.

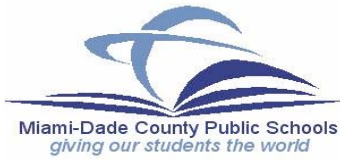
The determination of whether an impairment substantially limits a major life activity depends on the nature and severity of the impairment, the duration or expected duration of the impairment, and the permanent or long-term impact of the impairment.

Short-term, temporary restrictions are generally not substantially limiting, but an impairment does not have to be permanent to rise to the level of a disability. Temporary impairments that take significantly longer than normal to heal, long-term impairments, or potentially long-term impairments of indefinite duration may be disabilities if they are severe.

## Who is a qualified individual with a disability in a postsecondary adult/vocational education program?

With respect to postsecondary and vocational education services, a **qualified individual with a disability** is one who meets the academic and technical standards, with or without accommodation, requisite to admission or participation in an education program or activity.

If it is determined that an individual is a qualified person with a disability, then the institution has the responsibility to develop a 504 Accommodation Plan to ensure equal access to the instructional program. The forms that follow will assist in meeting this responsibility.



# SECTION 504 ACCOMMODATION PLAN

ADULT  
EDUCATION

NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ DATE: \_\_\_\_\_  
STUDENT ID#: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

1. Does the student have a physical or mental impairment which substantially limits a major life activity?  
*If YES, describe the limitations(s):*  Yes  No
  
2. Is written verification of the disability on file?  
*If YES to questions 1 and 2, student meets Section 504 eligibility criteria.*  Yes  No
  
3. Does the student's disability require any instructional accommodations and/or related aids and services in order for the student to benefit from his/her educational experience?  Yes  No

**The student's specific NEEDS are indicated below:**

**The following STRATEGIES will be implemented in order to meet the student's needs:**

**COMMENTS:**

**SIGNATURE OF PARTICIPANTS:**

|           |                                 |
|-----------|---------------------------------|
| Student   | LEA Representative              |
| Teacher   | Parent/Guardian (if applicable) |
| Counselor |                                 |



## **Instructions for Completing the Section 504 Accommodation Plan**

The *Section 504 Accommodation Plan* is to be used for adult students with disabilities who are enrolled in the public school district's general adult/vocational education programs or classes using the standard curriculum and who present information indicating the possible need for instructional accommodations and/or related services in order to benefit from their educational experiences.

|                      |   |
|----------------------|---|
| <b>NAME</b>          | Record the first name, middle initial, and last name of the student.  |
| <b>DATE OF BIRTH</b> | Using double-digit numerals, record the student's date of birth by month, day, and year (MM/DD/YY).   |
| <b>DATE</b>          | With the student present, record the date the Section 504 Accommodation Plan is prepared. This date must be entered into the VACS database.   |
| <b>STUDENT ID #</b>  | Record the student's social security number.  |
| <b>SCHOOL</b>        | Specify the adult education center providing the class or program.  |
| <b>QUESTION 1</b>    | <p>If the student has a physical or mental impairment which substantially limits a major life activity, describe the limitations that impede the educational process.</p> <p>Indicate by marking <b>Yes</b> or <b>No</b> in the appropriate box. If <b>No</b>, do not continue and do not retain the recorded data.</p>   |
| <b>QUESTION 2</b>    | <p>Indicate by marking <b>Yes</b> if acceptable written proof of the disability has been provided. Indicate by marking <b>No</b> if written proof is not available. The written documentation may include the following:</p> <ul style="list-style-type: none"><li>• the most recent transitional or educational plan from public/private schools and agencies</li><li>• family support plan (FSP) from the Department of Children and Families</li></ul> |

- certification of eligibility and the individualized plan of employment (IPE) from Vocational Rehabilitation Services
- declaration of eye disability from the Division of Blind Services
- letters of certification from service agencies
- documentation obtained from the K-12 ISIS file for exceptional students
- written medical or psychological verification by appropriate professionals if agency documentation is unavailable.

If **Yes** has been selected for the first two questions, then the student meets eligibility criteria. If **No** has been selected for either question 1 or 2 or both, then the student is not eligible for accommodation.

**QUESTION 3**

Indicate with a **Yes** or **No** if the student’s disability requires any instructional accommodations and/or related aids and services. If **No**, retain the records in a confidential file in case the student needs services at a later time.

**The student’s specific NEEDS . . .**

If **Yes** to question 3, list the specific needs of the student that will enable him/her to benefit from his/her educational experience. Give strong consideration to the student’s strengths, preferences, and requests.

**The following STRATEGIES will be implemented . . .**

List the specific strategies that will be implemented to meet the identified needs of the student. In some cases, the team developing the plan may need recommendations from an expert.

**COMMENTS**

If necessary, provide comments relative to the student and to the provision of services.

**SIGNATURE OF PARTICIPANTS**

All persons who attend the meeting at which the *Section 504 Accommodation Plan* is prepared must review and sign the plan in the appropriate space provided. To protect student confidentiality, only those persons involved in implementing the plan should participate in the development of the plan.

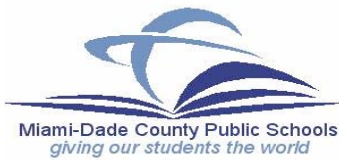
**CONFIDENTIAL STUDENT INFORMATION**

This document must be kept at the adult education center in a secured cabinet that may also be used for maintaining adult individual education plan files.



The samples of *Section 504 Accommodation Plans* that follow are intended as a resource to guide you in the development of a plan that adequately addresses the special needs of individual students. As such, they are not models to be copied, since a defined impairment does not automatically imply a predetermined set of student needs and educational strategies. You are, therefore, encouraged to use these samples as nothing more than background support in the creative design of your students' individual accommodation plans.





# SECTION 504 ACCOMMODATION PLAN

ADULT  
EDUCATION

NAME: Marie Dupuis DATE OF BIRTH: 02/14/82 DATE: 03/11/02  
STUDENT ID#: 261-76-9268 SCHOOL: Adult Education Center

1. Does the student have a physical or mental impairment which substantially limits a major life activity?  Yes  No  
If YES, describe the limitations(s):  
**Student has fractured her hand and will need temporary accommodations until the injury has healed.**
2. Is written verification of the disability on file?  Yes  No  
If YES to questions 1 and 2, student meets Section 504 eligibility criteria.
3. Does the student's disability require any instructional accommodations and/or related aids and services in order for the student to benefit from his/her educational experience?  Yes  No

The student's specific NEEDS are indicated below:

- Testing accommodations
- Notetaker or tape recorder during class instructional activities
- Modification of classroom assignments

The following STRATEGIES will be implemented in order to meet the student's needs:

- Assign a proctor to record answers during testing
- Provide notetaker or tape recorder during class lectures
- Modify assignments as needed, e.g., using extended time to complete tasks, allowing alternate presentations (i.e., oral rather than written)

COMMENTS:

SIGNATURE OF PARTICIPANTS:

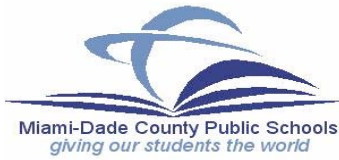
Student

LEA Representative

Teacher

Parent/Guardian (if applicable)

Counselor



# SECTION 504 ACCOMMODATION PLAN

ADULT  
EDUCATION

NAME: Thomas Smith    DATE OF BIRTH: 08/03/73    DATE: 04/26/02  
STUDENT ID#: 595-03-1234    SCHOOL: Area Technical Center

1. Does the student have a physical or mental impairment which substantially limits a major life activity?  Yes  No

If YES, describe the limitation(s):

Student is hearing-impaired and is unable to benefit from oral presentations.

2. Is written verification of the disability on file?  Yes  No

If YES to questions 1 and 2, student meets Section 504 eligibility criteria.

3. Does the student's disability require any instructional accommodations and/or related aids and services in order for the student to benefit from his/her educational experience?  Yes  No

The student's specific NEEDS are indicated below:

- Sign-language interpreter
- Flexible responding for testing and for class assignments

The following STRATEGIES will be implemented in order to meet the student's needs:

- Assign a sign-language interpreter during lectures by teacher and at times when student needs to present information to the class or needs to communicate in group activities
- Provide a notetaker during lectures

COMMENTS:

SIGNATURE OF PARTICIPANTS:

Student

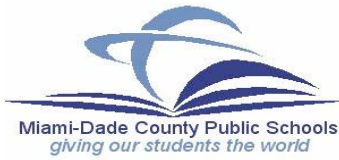
LEA Representative

Teacher

Parent/Guardian (if applicable)

Counselor

Representative



# SECTION 504 ACCOMMODATION PLAN

ADULT  
EDUCATION

NAME: Chin Lee DATE OF BIRTH: 10/02/79 DATE: 06/15/02

STUDENT ID#: 265-13-1216 SCHOOL: Adult Education Center

1. Does the student have a physical or mental impairment which substantially limits a major life activity?  Yes  No  
*If YES, describe the limitation(s):*  
Student has a diagnosed specific learning disability which is interfering with the acquisition of learning.
2. Is written verification of the disability on file?  Yes  No  
*If YES to questions 1 and 2, student meets Section 504 eligibility criteria.*
3. Does the student's disability require any instructional accommodations and/or related aids and services in order for the student to benefit from his/her educational experience?  Yes  No

The student's specific NEEDS are indicated below:

Acquire time-management skills to accomplish tasks on time  
Allow flexible scheduling for testing (short testing periods)

The following STRATEGIES will be implemented in order to meet the student's needs:

- Assist student in developing a daily "To do" list that includes estimated time needed to complete tasks  
Teach student to use mnemonic devices, when appropriate, for enhancing learning and memory
- Provide short testing periods by breaking the activity into short segments or by administering the test over a period of two days.

COMMENTS:

SIGNATURE OF PARTICIPANTS:

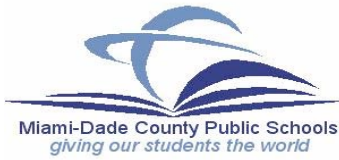
Student

LEA Representative

Teacher

Parent/Guardian (if applicable)

Counselor



# SECTION 504 ACCOMMODATION PLAN

ADULT  
EDUCATION

NAME: Dagmar Schmidt DATE OF BIRTH: 01/23/80 DATE: 05/17/02  
STUDENT ID#: 561-12-7342 SCHOOL: Lindsey Hopkins Technical Education Center

1. Does the student have a physical or mental impairment which substantially limits a major life activity?  Yes  No  
If YES, describe the limitation(s):  
**Student is a quadriplegic: uses a power-driven wheelchair.**
2. Is written verification of the disability on file?  Yes  No  
If YES to questions 1 and 2, student meets Section 504 eligibility criteria.
3. Does the student's disability require any instructional accommodations and/or related aids and services in order for the student to benefit from his/her educational experience?  Yes  No

The student's specific NEEDS are indicated below:

- **Testing accommodations**
- **Raised table to accommodate wheelchair and elevator key**
- **Adaptive computer software for one- or two-finger usage and a tracking ball rather than a mouse**
- **Tape recorder for lectures: notetaker as needed**

The following STRATEGIES will be implemented in order to meet the student's needs:

- **Provide flexible timing during testing and a proctor to record answers**
- **Purchase adaptive equipment and train student to use it**
- **Provide tape recorder or notetaker as available**

COMMENTS:

**Dagmar is very competent in use of technology.**

SIGNATURE OF PARTICIPANTS:

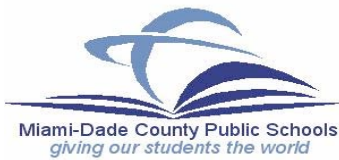
Student

LEA Representative

Teacher

Parent/Guardian (if applicable)

Counselor



# SECTION 504 ACCOMMODATION PLAN

ADULT  
EDUCATION

NAME: Carlos Santana DATE OF BIRTH: 07/12/77 DATE: 07/14/02  
STUDENT ID#: 271-83-4881 SCHOOL: Lindsey Hopkins Technical Education Center

1. Does the student have a physical or mental impairment which substantially limits a major life activity?  Yes  No

If YES, describe the limitation(s):

**As verified by the Division of Blind Services, student is blind and is unable to read without Braille.**

2. Is written verification of the disability on file?  Yes  No  
If YES to questions 1 and 2, student meets Section 504 eligibility criteria.

3. Does the student's disability require any instructional accommodations and/or related aids and services in order for the student to benefit from his/her educational experience?  Yes  No

The student's specific NEEDS are indicated below:

- **Books on tape**
- **Braille output for handouts**
- **Orientation to classroom/campus**
- **Assistance from the Division of Blind Services**
- **Notetaker to review class notes with Mr. Santana**

The following STRATEGIES will be implemented in order to meet the student's needs:

- **Orient student to campus to increase independence**
- **Transpose handouts into Braille**
- **Contact the Division of Blind Services to provide consultant to identify additional accommodations.**

COMMENTS:

SIGNATURE OF PARTICIPANTS:

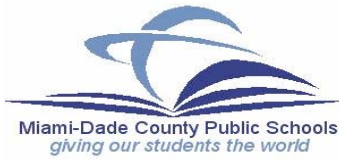
Student

LEA Representative

Teacher

Parent/Guardian (if applicable)

Counselor



# SECTION 504 ACCOMMODATION PLAN

ADULT  
EDUCATION

NAME: Jerome Kern DATE OF BIRTH: 04/26/73 DATE: 08/01/02  
STUDENT ID#: 210-10-1911 SCHOOL: Lindsey Hopkins Technical Education Center

- Does the student have a physical or mental impairment which substantially limits a major life activity?  Yes  No  
If YES, describe the limitations(s):  
**As verified by an ophthalmologist, the student is partially sighted and requires accommodations to participate in class.**
- Is written verification of the disability on file?  Yes  No  
If YES to questions 1 and 2, student meets Section 504 eligibility criteria.
- Does the student's disability require any instructional accommodations and/or related aids and services in order for the student to benefit from his/her educational experience?  Yes  No

The student's specific NEEDS are indicated below:

- CCTV to read textbooks**
- Notetaker to provide assistance**
- Enlarged-screen computer**
- Testing accommodations (flexible testing, extended time)**

The following STRATEGIES will be implemented in order to meet the student's needs:

- Provide the CCTV**
- Assign a notetaker to provide assistance**  
**all ZOOM Text software on computer to provide screen enlargement**
- Provide testing accommodations as needed.**

COMMENTS:

SIGNATURE OF PARTICIPANTS:

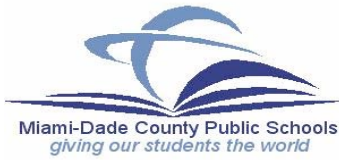
Student

LEA Representative

Teacher

Parent/Guardian (if applicable)

Counselor



# SECTION 504 ACCOMMODATION PLAN

ADULT  
EDUCATION

NAME: Claudia Ruiz DATE OF BIRTH: 09/09/80 DATE: 04/03/02  
STUDENT ID#: 047-15-2512 SCHOOL: Adult Education Center

- Does the student have a physical or mental impairment which substantially limits a major life activity?  Yes  No  
If YES, describe the limitation(s):  
Student has a generalized anxiety disorder causing excessive anxiety and worry about school, resulting in poor concentration, fatigue, and inability to control feelings.
- Is written verification of the disability on file?  Yes  No  
If YES to questions 1 and 2, student meets Section 504 eligibility criteria.
- Does the student's disability require any instructional accommodations and/or related aids and services in order for the student to benefit from his/her educational experience?  Yes  No

The student's specific NEEDS are indicated below:

- Safe, accepting, protected environment
- Improved personal care and self-control skills
- Assistance with test-taking strategies
- Additional time to complete assignment and tests

The following STRATEGIES will be implemented in order to meet the student's needs:

- Teach stress-management strategies and social skills for community living
- Use relevant stories to generate small group discussions where students talk about and write about their feelings (relate the academic to social/personal)
- Teach test-taking strategies such as answer-elimination techniques
- Teach planning/scheduling by using a day planner

COMMENTS:

SIGNATURE OF PARTICIPANTS:

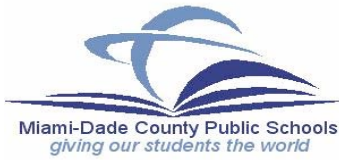
Student

LEA Representative

Teacher

Parent/Guardian (if applicable)

Counselor



# SECTION 504 ACCOMMODATION PLAN

ADULT  
EDUCATION

NAME: Ira Wasserman DATE OF BIRTH: 12/03/75 DATE: 03/02/02  
STUDENT ID#: 591-02-0316 SCHOOL: Lindsey Hopkins Technical Education Center

1. Does the student have a physical or mental impairment which substantially limits a major life activity?  Yes  No

If YES, describe the limitation(s):

Due to permanent health impairment, student is unable to sit for long periods of time without significant pain.

2. Is written verification of the disability on file?  Yes  No  
If YES to questions 1 and 2, student meets Section 504 eligibility criteria.

3. Does the student's disability require any instructional accommodations and/or related aids and services in order for the student to benefit from his/her educational experience?  Yes  No

The student's specific NEEDS are indicated below:

- Flexibility to move around classroom or walk outside when needed
- Flexible testing to permit short testing intervals

The following STRATEGIES will be implemented in order to meet the student's needs:

- Arrange for short periods of testing so student will be able to move about between testing intervals
- Allow student to move around classroom without disturbing other classmates and/or to briefly leave the room as long as he remains within close proximity.

COMMENTS:

SIGNATURE OF PARTICIPANTS:

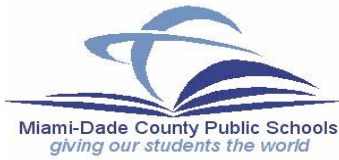
Student

LEA Representative

Teacher

Parent/Guardian (if applicable)

Counselor



# SECTION 504 ACCOMMODATION PLAN

ADULT  
EDUCATION

NAME: Carol Rogers DATE OF BIRTH: 05/17/77 DATE: 01/10/02  
STUDENT ID#: 432- 12-1213 SCHOOL: Adult Education Center

1. Does the student have a physical or mental impairment which substantially limits a major life activity?  Yes  No  
If YES, describe the limitation(s):  
**Student has a diagnosis of Bipolar Disorder resulting in frequent mood swings which interfere with ability to concentrate and maintain social contacts.**
2. Is written verification of the disability on file?  Yes  No  
If YES to questions 1 and 2, student meets Section 504 eligibility criteria.
3. Does the student's disability require any instructional accommodations and/or related aids and services in order for the student to benefit from his/her educational experience?  Yes  No

The student's specific NEEDS are indicated below:

- Safe, accepting, protected environment**
- Social-skills development**
- Improved self-control and self-care skills**
- Test accommodations when appropriate**

The following STRATEGIES will be implemented in order to meet the student's needs:

- Provide a teacher who is consistent, calm, controlled, and cheerful**
- Provide information to teachers (based on student's consent) so as not to penalize student for absences**
- Provide extended time on tests and a distraction-free test environment**
- Use behavior management techniques to teach/improve self-control**

COMMENTS:

SIGNATURE OF PARTICIPANTS:

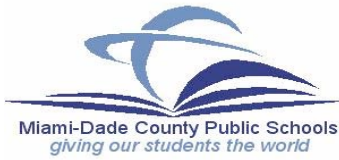
Student

LEA Representative

Teacher

Parent/Guardian (if applicable)

Counselor



# SECTION 504 ACCOMMODATION PLAN

ADULT  
EDUCATION

NAME: Rafael Suarez DATE OF BIRTH: 08/07/77 DATE: 02/14/02  
STUDENT ID#: 271-10-2986 SCHOOL: Adult Education Center

- Does the student have a physical or mental impairment which substantially limits a major life activity?  Yes  No  
If YES, describe the limitations(s):  
**As a result of a car accident, student has a Traumatic Brain Injury causing severe short-term memory loss, chronic fatigue, and difficulty with social skills.**
- Is written verification of the disability on file?  Yes  No  
If YES to questions 1 and 2, student meets Section 504 eligibility criteria.
- Does the student's disability require any instructional accommodations and/or related aids and services in order for the student to benefit from his/her educational experience?  Yes  No

The student's specific NEEDS are indicated below:

- Assistance in using memory aids/strategies**
- Flexible scheduling with instructional assignments and testing (short segments)**
- Occasional "rest" breaks**
- Assistance in improving social skills/behavior**
- Extended time to complete assignments and tests**

The following STRATEGIES will be implemented in order to meet the student's needs:

- Teach use of lists, planner, and other memory aids**
- Instruct in short steps/segments and provide time to rest**
- Divide tests into short sections and provide extra time to complete**
- Provide social-skills training and opportunity to practice in small groups**
- Provide frequent counseling to address appropriate behavior**

COMMENTS:

SIGNATURE OF PARTICIPANTS:

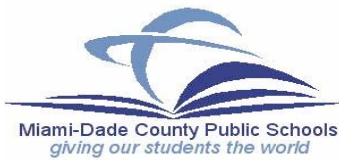
Student

LEA Representative

Teacher

Parent/Guardian (if applicable)

Counselor



# SECTION 504 ACCOMMODATION PLAN

ADULT  
EDUCATION

NAME: Latisha Brown DATE OF BIRTH: 01/11/79 DATE: 08/08/02  
STUDENT ID#: 314-76-1092 SCHOOL: Adult Education Center

1. Does the student have a physical or mental impairment which substantially limits a major life activity?  Yes  No  
If YES, describe the limitations(s):  
Student has a diagnosed Attention Deficit Disorder resulting in difficulty prioritizing tasks, completing assignments, and taking tests.
2. Is written verification of the disability on file?  Yes  No  
If YES to questions 1 and 2, student meets Section 504 eligibility criteria.
3. Does the student's disability require any instructional accommodations and/or related aids and services in order for the student to benefit from his/her educational experience?  Yes  No

The student's specific NEEDS are indicated below:

- Strategies for prioritizing multiple assignments
- Development of a system identifying steps needed to complete tasks
- Test-taking strategies
- Test accommodation (i.e., extended time)

The following STRATEGIES will be implemented in order to meet the student's needs:

- Provide model for prioritizing tasks (i.e., by date due, by importance)
- Reduce assignments into manageable sections with specific due dates
- Teach test-taking strategies such as making a reasonable guess when one doesn't know the answer, matching subtests and answer sheets, referring back to a reading passage to check answers.

COMMENTS:

SIGNATURE OF PARTICIPANTS:

Student

LEA Representative

Teacher

Parent/Guardian (if applicable)

Counselor







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The New Department of  
**Education**

*Jim Horne, Commissioner*

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