

**Plymouth Community School Corporation**

**SECTION 504 PLAN**

Student: \_\_\_\_\_

Date of Conference: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Review/Reassessment Date: \_\_\_\_\_

Grade: \_\_\_\_\_

Review Date: \_\_\_\_\_

**Conference Participants:**

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**I. State the student's mental or physical impairment:**

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**II. Identity what major life activity(ies) is/are substantially limited and how:**

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**III. Identify the student's needs stemming from the mental or physical impairment and its substantial limitation on the student's major life activity(ies):**

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**IV. 504 Plan**

<b>Special Education, Related Aids or Services, and/or Modification to Policies, Practices, or Procedures</b>	<b>Implementer</b>	<b>Monitoring Date</b>

**V. Name and Title of person responsible for overseeing and monitoring this Plan:**

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## SECTION 504 CONFERENCE NOTES

Student's Name: \_\_\_\_\_

Date of Conference: \_\_\_\_\_

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