

**Livonia Public Schools
SECTION 504 PLAN**

FORM K

ELIGIBILITY DETERMINATION

Student IS eligible under Section 504

Student IS NOT eligible under Section 504

Rationale:

ACCOMMODATION PLAN – Complete this section only if student is determined eligible.

List the regular or special education, related aids, and services that are necessary for this student to have equal access and opportunity to participate in school programs and activities. NOTE – Each service or accommodation should be directly related to the substantial limitation caused by the student’s impairment. Attach additional pages if necessary.

Area of Need	Service / Accommodation	Person Responsible

The student has a qualifying disability under Section 504, but does not require a Section 504 Plan at this time.

NOTICE OF INTENT TO IMPLEMENT SECTION 504 PLAN

Plan Implementation Date: _____ Next Review Date: _____

Person Responsible for Implementation / Review: _____

Date

Signature of Section 504 Coordinator or Designee

PARENT / GUARDIAN SIGNATURE

I have received the Notice of Procedural Safeguards under Section 504.

I agree with the determination above.

I disagree with the determination above and understand that I have the right to request an impartial due process hearing by filing a written request for a hearing with the Section 504 Coordinator.

I understand that my child is eligible for a Section 504 Plan but do not wish to have a Plan implemented for my child at this time. I understand that I may request that the District review my child’s disability-related needs in the future.

Date

Signature of Parent / Guardian