

Los Alamos Public Schools  
Section 504/ADA Accommodation Plan

Student Name \_\_\_\_\_

Date \_\_\_\_\_

Statement of Eligibility: Based on consideration of the attached documentation, this student meets the definition of a disability\* as described in federal law and qualifies for services under Section 504. The committee has determined that the student has a record of having or is regarded as having a physical or mental impairment that substantially limits one or more major life activities and is in need of regular education and supplementary services.

*\*An impairment as used in Section 504 may include any disability, long-term illness, or various disorder that "substantially" reduces or lessens a student's ability to access learning in the educational setting because of a learning, behavior or health-related conditions. It should be emphasized that a physical or mental impairment does not constitute a disability for purposes of Section 504 unless its severity is such that it results in a substantial limitation of one or more major life activities". Many students have conditions or disorders that are not readily apparent to others, but if they substantially limit their ability to receive an appropriate education as defined by Section 504, they may be considered to have an "impairment" under Section 504 standards.*

Description of Disability: \_\_\_\_\_ Major Life Activity Substantially Limited by this Disability: \_\_\_\_\_

Implementation Date of Plan: \_\_\_\_\_ Scheduled Date of Review: \_\_\_\_\_

For temporary disability, approximate duration: \_\_\_\_\_

Person(s) Responsible: \_\_\_\_\_

Specific Accommodations (including supplementary aids and services):

Monitoring /Evaluation Procedure:

Committee Member Signatures:

Parent(s) signature below verifies their opportunity to participate in the development of the student's plan and receipt of Section 504 Student/Parent Rights.

\_\_\_\_\_  
(Parent)  
\_\_\_\_\_  
(Principal)  
\_\_\_\_\_

\_\_\_\_\_  
(Counselor)  
\_\_\_\_\_  
\_\_\_\_\_

Review (Complete at least one review per academic year):

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

Recommendations:

- 1) \_\_\_\_\_ Continue existing accommodation plan
- 2) \_\_\_\_\_ Terminate the plan Reason:
  
- 3) \_\_\_\_\_ Revise plan as follows:

Committee Member Signatures:

Parent(s) signature below verifies their opportunity to participate in the development of the student's plan and receipt of Section 504 Student/Parent Rights.

\_\_\_\_\_  
(Parent)  
\_\_\_\_\_  
(Principal)  
\_\_\_\_\_

\_\_\_\_\_  
(Counselor)  
\_\_\_\_\_  
\_\_\_\_\_

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

Recommendations:

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(Parent)  
\_\_\_\_\_  
(Principal)

\_\_\_\_\_  
(Counselor)  
\_\_\_\_\_  
\_\_\_\_\_