

Dissent Notice: Any member of the eligibility committee that disagrees with the committee's decision, should state the reason(s) for his/her dissent in writing and attach it to the eligibility minutes.

PULASKI COUNTY PUBLIC SCHOOLS
202 N. Washington Street, Pulaski, Virginia 24301

Student Accommodation Plan (Section 504)

Name: _____ **DOB:** _____ **Grade:** _____
Last First Middle

School: _____ **Date of Meeting:** _____

1. Describe the nature of the concern: _____

2. Describe the basis for the determination of handicap (if any): _____

3. Describe how the handicap affects a major life activity: _____

4. Describe the reasonable accommodations that are necessary: _____

Review/Reassessment Date: _____
(must be completed)

Participants (Name and Title)

<i>Name</i>	<i>Title</i>
<i>Name</i>	<i>Title</i>
<i>Name</i>	<i>Title</i>
<i>Name</i>	<i>Title</i>
<i>Name</i>	<i>Title</i>

I do ___ do not ___ give consent for my child, _____

Child's Full Name

to receive the service described in the **Section 504 Plan**. Unless this is an initial plan, I understand that if I do not disapprove of the plan and so notify the school division within ten administrative days, the **Section 504 Plan** will be implemented as if consent has been granted and that I must initiate due process to contest the action. I understand the contents of this document and I have been informed of my Section 504 due process rights. I understand that I have the right to review my child's records and to request a change in the **Section 504 Plan** at any time. I also understand that I have the right to refuse this plan and to have my child continue in his/her present placement pending exhaustion of due process procedures. I have received a copy of the **Section 504 Plan and Parents Rights**.

Reason(s) for Disapproval (if applicable):

Signature(s) of Parent(s)/Guardian(s)/Surrogate/Student:

<i>Name</i>	<i>Date</i>
<i>Name</i>	<i>Date</i>
<i>Name</i>	<i>Date</i>

cc: Student's Cumulative File