**SECTION 504**

**INDIVIDUAL ACCOMMODATION PLAN (IAP)**

**Instructions:** Complete the form for students with a 504 disability requiring accommodation(s):
- Accommodation(s) does not change the construct being measured by the test
- Student receives the accommodation(s) in the classroom on a regular basis
- Accommodation(s) must be entered at the local level and be reflected in SIS
- Please refer to the LEAP 2025 Accommodations and Accessibility Manual for LEAP 2025 and EOC guidance on the use of appropriate accommodations, access for all features, and accessibility features.

**Local Educational Agency (LEA):**

**STUDENT**

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>10 Digit LA Secure I.D.:</th>
<th>DOB:</th>
<th>Grade:</th>
</tr>
</thead>
<tbody>
<tr>
<td>School:</td>
<td>504 Chairperson:</td>
<td>Date of Most Recent Section 504 Evaluation (within 3 years):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meeting Date:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Triennial Review Due Date:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**First Language:**
- English
- Spanish
- French
- Vietnamese
- Chinese
- Other: ________________

**PART A. SECTION 504 DISABILITY**

(Check all that apply): Identified impairment that **substantially limits** one or more major life activities: (More than one source of supporting data needed. Attach any additional information.)

**ACADEMIC/LEARNING CHARACTERISTICS OF**

Documentation of evidence-based intervention(s) should be provided.

<table>
<thead>
<tr>
<th>01 DYSLEXIA (Bulletin 1903)</th>
<th>04 OTHER ACADEMIC/LEARNING DISABILITY (Select all that apply):</th>
</tr>
</thead>
<tbody>
<tr>
<td>02 DYSGRAPHIA</td>
<td>Math Reading Other If other, specify: ________________________</td>
</tr>
</tbody>
</table>

Cite evidence used in identification process. Attach any additional information.

**SOCIAL/EMOTIONAL CHARACTERISTICS OF**

Multiple sources of documentation of characteristics required.

<table>
<thead>
<tr>
<th>03 ADD/ADHD</th>
</tr>
</thead>
<tbody>
<tr>
<td>04 OTHER DISRUPTIVE MOOD DISREGULATION DISORDER</td>
</tr>
<tr>
<td>05 BEHAVIOR DISORDER</td>
</tr>
<tr>
<td>06 OPPOSITIONAL DEFIANT DISORDER</td>
</tr>
<tr>
<td>07 ANXIETY DISORDER</td>
</tr>
<tr>
<td>08 BIPOLAR DISORDER</td>
</tr>
<tr>
<td>09 AUTISM SPECTRUM DISORDER (ASD)</td>
</tr>
<tr>
<td>24 OTHER (none of the above applies) (Specify): ________________________</td>
</tr>
</tbody>
</table>

Cite evidence used in identification process. Attach any additional information.

**MEDICAL**

Evidence of diagnosis by authorized provider required.

<table>
<thead>
<tr>
<th>10 DIABETES/HYPOGLYCEMIA/OTHER RELATED DISORDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 SEVERE ASTHMA OR OTHER RESPIRATORY CONDITION</td>
</tr>
<tr>
<td>12 SEVERE ALLERGIES OR ANAPHYLAXIS</td>
</tr>
<tr>
<td>13 CHRONIC FATIGUE SYNDROME</td>
</tr>
<tr>
<td>14 MIGRAINE HEADACHES</td>
</tr>
<tr>
<td>15 BROKEN (expected 6+ months duration) OR MISSING BODY PART</td>
</tr>
<tr>
<td>16 EYE ABNORMALITY/VISION IMPAIRMENT</td>
</tr>
<tr>
<td>17 EAR ABNORMALITY/HEARING IMPAIRMENT</td>
</tr>
<tr>
<td>18 DIGESTIVE OR EATING DISORDER</td>
</tr>
<tr>
<td>19 BLADDER DISORDER</td>
</tr>
<tr>
<td>20 NEUROLOGICAL DISORDER</td>
</tr>
<tr>
<td>21 CIRCULATORY/ENDOCRINE DISORDER</td>
</tr>
<tr>
<td>22 OTHER SYNDROME OR RARE DISEASE (Specify): ________________________</td>
</tr>
<tr>
<td>23 DRUG OR SUBSTANCE ABUSE RELATED</td>
</tr>
<tr>
<td>25 OTHER (none of the above applies)</td>
</tr>
</tbody>
</table>

Specify all supporting data considered including doctor's name, diagnosis, and date of diagnosis as well as any other information used in the eligibility determination process. Attach any additional information.

**DOCUMENTATION**

- (27) Behavior Management/Intervention Plan is attached (if appropriate) □ Yes □ No
- (28) Medical Plan/IHP is attached (if appropriate) □ Yes □ No
- (29) Other relevant documents are attached (if appropriate) □ Yes □ No

Comments/Additional Supporting Data: ________________

7/26/2018
# Individual Accommodation Plan (IAP)

**Local Educational Agency (LEA):**

| STUDENT |
|---|---|---|---|
| Last Name: | First Name: | 10 Digit LA Secure I.D.: | School: |

**CLASSROOM ACCOMMODATIONS AND MODIFICATIONS**

*Below are accommodations and modifications that can be utilized within the classroom, classroom tests, and district assessments. These should be aligned to the accommodations for state assessments in Part I to the extent possible.*

- [ ] None. If no accommodations are necessary, go directly to Part I.

**PART B. AREA(S) WHERE IAP IS NEEDED:** *(Teachers responsible for the subjects checked must receive a copy of this IAP.)*

- [ ] Math
- [ ] Art/Music
- [ ] Computer Lab
- [ ] Vocational Electives
- [ ] English
- [ ] Field Trips
- [ ] Reading
- [ ] Spelling
- [ ] Physical Education
- [ ] Library
- [ ] Social Studies
- [ ] Gifted/Talented
- [ ] Writing
- [ ] Science
- [ ] Health
- [ ] Other: ____________________________

Specify the rationale for accommodations for the indicated setting(s), including the data used to make the determination. Attach any additional information.

The listed accommodations must be appropriate and must not subvert the purpose of the test. The District 504 Coordinator should be consulted for appropriateness of other accommodations not listed below.

**PART C. ACCOMMODATIONS FOR SETTING**

- [ ] (01) Assign preferential seating
- [ ] (08) Post or provide visual cues and/or markers
- [ ] (13) Instruction: [ ] Individual, [ ] Small Group, or [ ] Other, specify:
- [ ] Other, specify:
- [ ] (09) Change location to increase physical access
- [ ] (11) Stand near student when giving directions/redirection
- [ ] (07) Other Specify reason:

**PART D. ACCOMMODATIONS FOR PRESENTATION/RESPONSE**

- [ ] (01) Use graphic organizers as teaching/learning tools
- [ ] (03) Use teacher-initiated signal to redirect attention
- [ ] (05) Break tasks and procedures into sequential steps
- [ ] (08) Modify assignments (e.g. vary length, limit number of items)
- [ ] (09) Color code material
- [ ] (21) Do not count off for spelling when grading content
- [ ] (23) Computer-assisted instruction
- [ ] (25) Alter format of materials on page (e.g., font/spacing/color)
- [ ] (15) Use virtual/multisensory modes to reinforce instruction
- [ ] (36) Monitor assignments daily
- [ ] (37) Provide study assistance (Select all that apply): [ ] Peer notes [ ] Photocopies of teachers notes [ ] Study guide [ ] Other if other, specify:
- [ ] (38) Assign (Select all that apply): [ ] Notetaker [ ] Peer tutor [ ] Scribe [ ] Work buddies [ ] Other if other, specify:
- [ ] (12) Provide options for student to obtain information and demonstrate knowledge through use of (Select all that apply):
  - [ ] Alternate project
  - [ ] Interviews
  - [ ] Oral reports
  - [ ] Dramatization
  - [ ] Multiple choice items
  - [ ] Essay responses
  - [ ] Other if other, specify:
- [ ] (13) Appropriate format for instructional-supplemental materials (e.g. audio, digital, large print) (Specify):
- [ ] (14) Other (Specify):

**PART E. ACCOMMODATIONS FOR TIME DEMANDS**

- [ ] (01) Extended Time (Select all that apply): [ ] Classroom [ ] Homework [ ] Projects
  - If other, specify:
- [ ] (02) Provide timelines for completing tasks in chunks
- [ ] (03) Allow breaks during work periods or between tasks
- [ ] (05) Provide assistance for transitions (Specify):
- [ ] (09) Other (Specify):
LOCAL EDUCATIONAL AGENCY (LEA):

STUDENT

Last Name: First Name: 10 Digit LA Secure I.D.: School:

PART F. ACCOMMODATIONS/PROVISIONS FOR BEHAVIOR CONCERNS

☐ (02) Establish procedures and routines to help complete activities  ☐ (09) Tiered Positive Behavior Support Program
☐ (04) Determine reason for behavior and teach replacement skills  ☐ (12) Structured social skills training/formal instruction
☐ (05) Visits with counselor or other service personnel
☐ (06) Develop, implement, and monitor a structured behavior intervention plan (BIP) Note: Required for students who exhibit recurrent problematic behavior and/or have repeated suspensions. [Behavior Intervention Plan attached]
☐ (07) Minimize triggers (Specify):
☐ (08) Other (Specify):

PART G. ASSISTIVE TECHNOLOGY

☐ (01) Manipulatives  ☐ (08) Digital Recorder
☐ (02) Organizers  ☐ (09) Colored reading filters/overlays
☐ (03) Highlighters/Markers  ☐ (10) Adapted grips, pencils, utensils, other tools (Circle)
☐ (24) Text to Speech Program  ☐ (12) Electronic Scribe/Recorder
☐ (06) Digital/Electronic Books  ☐ (13) FM System
☐ (25) Speech to Text

(11) Calculator **Only available for students with a disability that severely limits or prevents the ability to perform basic math calculations (i.e., student is unable to perform single digit addition, subtraction, multiplication, or division) even after varied and repeated attempts to teach the student to do so. Refer to the LEAP 2025 Accommodations and Accessibility Manual**

Specify the math-related disability AND ALL data used to determine the appropriateness of the accommodation. Attach any additional information.

☐ (07) Word Processor with certain features (Select all that apply):  ☐ Talking spell checker  ☐ Grammar checker  ☐ Word prediction  ☐ Other
If other, specify:
☐ (26) Other (Specify the technology needed and identify all of the data used to make this determination. Attach any additional information.)

PART H. CLASSROOM ACCOMMODATIONS FOR TESTS/QUIZZES

☐ (00) Accommodations are needed at this time. ☐ Yes ☐ No (If no, proceed to Parts J and K)
☐ (00) Altered testing format is required at this time. ☐ Yes ☐ No (If yes, specify below)

Altered testing format needed:
Reason for altered format:

☐ (01) Prior notice of tests  ☐ (27) Small Group Testing
☐ (12) Shortened tests  ☐ (08) Alternate options for demonstrating learning
☐ (10) Allow student to write on tests  ☐ (28) Individual Testing
☐ (02) Increased time for written projects:
 if other, specify:
☐ (09) Increased time for completion:
 if other, specify:

☐ (05) Modified test format

I understand that the selected accommodations must be appropriate and must not subvert the purpose of the test. I have consulted with the District 504 Coordinator for the appropriateness of other accommodations not listed above.

Specify modified test format recommended:

☐ (15) Tests read aloud (Only available if a reading-related disability is indicated and the student is reading significantly below grade level.)

Note: The required read aloud criteria are only needed for ELA. Refer to the LEAP 2025 Accommodations and Accessibility Manual criteria for use on state assessments in order to ensure alignment.

Specify the reading-related disability and all data considered when making the decision to provide this accommodation. Attach any additional information.

Specify reading discrepancy: Select One
If other, specify degree of deficit:

7/26/2018
STATEWIDE ASSESSMENT ACCOMMODATIONS (As aligned with above accommodations and disability)

*The accommodations below must be aligned to the practices within the classroom and must be in place 30 calendar days before the assessment.

If a student needs an accommodation that is not noted below, a Unique Accommodation Request must be submitted to the LDOE for approval.

CHECK ASSESSMENTS TO BE TAKEN WITHIN ONE YEAR:

- ☐ (01) Grades 3-8 State Assessments
- ☐ (02) LEAP 2025/EOC (Select all that apply):
  - ☐ English I, ☐ English II, ☐ English III, ☐ Algebra I, ☐ Geometry, ☐ Biology, ☐ US History
- ☐ (03) ELPT

- ☐ (00) None (Student does not need standardized testing accommodations or has completed all required testing)

Note: Standardized tests, other than state tests, may have other stipulations for accommodations. Please check with your DTC to access the specific accommodations criteria for each test.

Accommodations such as those listed in Sections C through H enhance academic performance for many students. However, Section 504 accommodations are required for students with a learning, behavior, or health-related condition that significantly reduces the student’s ability to obtain a Free Appropriate Public Education.

Section 504 accommodations should be noted on this IAP only if they are consistently needed to provide this student equal access to educational opportunities or to allow the student to learn and demonstrate learning despite his/her disability.

Students may receive standardized testing accommodations listed below if those accommodations are routinely received during the instructional period and do not subvert the purpose of the test. Unique accommodations not specifically listed require approval using the Unique Accommodation Request Form.

Unique accommodations require additional documentation and LDOE approval 30 calendar days prior to state assessments.

<table>
<thead>
<tr>
<th>PAPER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grades 3-4: Math</td>
</tr>
<tr>
<td><strong>PRESENTATION ACCOMMODATIONS</strong></td>
</tr>
<tr>
<td>☐ Human Read Aloud</td>
</tr>
<tr>
<td>☐ Kurzweil</td>
</tr>
<tr>
<td>☐ Recorded voice file</td>
</tr>
<tr>
<td><strong>COMMUNICATION ASSISTANCE</strong></td>
</tr>
<tr>
<td>☐ FM System</td>
</tr>
<tr>
<td>☐ Hearing Device</td>
</tr>
<tr>
<td>☐ Interpreter</td>
</tr>
<tr>
<td>☐ Audio Amplification</td>
</tr>
<tr>
<td>☐ Communication Assistance (Script)</td>
</tr>
<tr>
<td><strong>OTHER PRESENTATION ACCOMMODATIONS</strong></td>
</tr>
<tr>
<td>Directions Clarified, Highlighting Tool, Headphones, Noise Buffers, Redirect to the Test, and Extra White Paper are available to all students.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grades 3-8: Math</th>
<th>Grades 3-8: ELA</th>
<th>Grades 3-8: Social Studies</th>
<th>Grades 3-8: Science</th>
<th>LEAP 2025/EOC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PRESENTATION ACCOMMODATIONS</strong></td>
<td></td>
<td></td>
<td></td>
<td>Text-to-Speech (Except Reading Comprehension sections on the Eng III EOC)</td>
</tr>
<tr>
<td>☐ Text-to-Speech</td>
<td>☐ Text-to-Speech</td>
<td>☐ Text-to-Speech</td>
<td>☐ Text-to-Speech</td>
<td>☐ Human Read Aloud (Except Reading Comprehension sections on the Eng III EOC)</td>
</tr>
<tr>
<td>☐ Human Read Aloud</td>
<td>☐ Human Read Aloud</td>
<td>☐ Human Read Aloud</td>
<td>☐ Human Read Aloud</td>
<td></td>
</tr>
<tr>
<td><strong>COMMUNICATION ASSISTANCE</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>☐ FM System</td>
<td>☐ FM System</td>
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</tr>
<tr>
<td>☐ Hearing Device</td>
<td>☐ Hearing Device</td>
<td>☐ Hearing Device</td>
<td>☐ Hearing Device</td>
<td>☐ Hearing Device</td>
</tr>
<tr>
<td>☐ Interpreter</td>
<td>☐ Interpreter</td>
<td>☐ Interpreter</td>
<td>☐ Interpreter</td>
<td>☐ Interpreter</td>
</tr>
<tr>
<td>☐ Audio Amplification</td>
<td>☐ Audio Amplification</td>
<td>☐ Audio Amplification</td>
<td>☐ Audio Amplification</td>
<td>☐ Audio Amplification</td>
</tr>
<tr>
<td>☐ Touch Screen Monitor</td>
<td>☐ Touch Screen Monitor</td>
<td>☐ Touch Screen Monitor</td>
<td>☐ Touch Screen Monitor</td>
<td>☐ Touch Screen Monitor</td>
</tr>
<tr>
<td>☐ Communication Assistance (Script)</td>
<td>☐ Communication Assistance (Script)</td>
<td>☐ Communication Assistance (Script)</td>
<td>☐ Communication Assistance (Script)</td>
<td>☐ Communication Assistance (Script)</td>
</tr>
<tr>
<td><strong>OTHER PRESENTATION ACCOMMODATIONS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Directions Clarified, Highlighting Tool, Headphones, Noise Buffers, Redirect to the Test, Change Background Font &amp; Colors, Magnification, Blank Paper, and General Masking are available to all students.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7/26/2018
**INDIVIDUAL ACCOMMODATION PLAN (IAP)**

**Local Educational Agency (LEA):**

**STUDENT**

Last Name: | First Name: | 10 Digit LA Secure I.D.: | School:
---|---|---|---

**PAPER**

<table>
<thead>
<tr>
<th>Grades 3-4: Math</th>
<th>Grades 3-4: ELA</th>
<th>Grades 3-4: Social Studies</th>
<th>Grades 3-4: Science</th>
</tr>
</thead>
</table>

**RESPONSE ACCOMMODATIONS**

**Communication Assistance**

- Speech to Text
- Word Processor
- Alternate Keyboard
- Communication Device

**Calculation Devices (except on fluency items)**

- Calculator
- Manipulatives
- Multiplication Chart
- 100s Chart
- Number Line

**Other Response Accommodations**

- Slant Board
- Word Prediction
- Adapted Grips, Writing Tools
- Answers Recorded
- Transferred Answers

**Timing & Scheduling**

- Extended Time
- Allow Breaks

**Setting Considerations**

- Specified Seating
- Alternate Location
- Individual Testing
- Small Group Testing

**ONLINE**

<table>
<thead>
<tr>
<th>Grades 3-8: Math</th>
<th>Grades 3-8: ELA</th>
<th>Grades 3-8: Social Studies</th>
<th>Grades 3-8: Science</th>
<th>LEAP 2025/EOC</th>
</tr>
</thead>
</table>

**RESPONSE ACCOMMODATIONS**

**Communication Assistance**

- Speech to Text
- Word Processor
- Alternate Keyboard
- Communication Device

**Calculation Devices (except on fluency items)**

- Calculator
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- Number Line

**Other Response Accommodations**

- Slant Board
- Word Prediction
- Adapted Grips, Writing Tools
- Answers Recorded
- Transferred Answers

**Timing & Scheduling**

- Extended Time
- Allow Breaks

**Setting Considerations**

- Specified Seating
- Alternate Location
- Individual Testing
- Small Group Testing

**LEAP 2025/EOC**

**ONLY AVAILABLE for students with a disability that severely limits or prevents the ability to perform basic math calculations (i.e., student is unable to perform single digit addition, subtraction, multiplication, or division) even after varied and repeated attempts to teach the student to do so. Refer to the LEAP 2025 Accommodations and Accessibility Manual**
### Local Educational Agency (LEA):

**STUDENT**

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>10 Digit LA Secure I.D.:</th>
<th>School:</th>
</tr>
</thead>
</table>

### UNIQUE ACCOMMODATION

If the student requires an accommodation that is not listed as an option above and does not change the construct being measured by a test, the school may request approval for the use of the accommodation on statewide testing by submitting the Unique Accommodation Request Form.

- The accommodation to be requested and the reason needed must be described in the space below.
- The accommodation will only be approved by LDOE if used routinely in the classroom as documented here.

**Unique Accommodation:**

Describe how the accommodation is used routinely in the classroom:

---

### PART J. INSTRUCTIONAL SERVICES/INTERVENTIONS

List instructional services/interventions. Documentation is required.

---

### PART K. SPECIAL CONSIDERATIONS

- **01** Parent programs or agency involvement suggested (Specify):  
- **02** Alert bus driver or other personnel (Specify):  
- **03** In-service school personnel involved with the student on the disability:
- **04** Suggest interventions strategies for periods of transition (e.g., changing classes, PE, cafeteria etc) (Attach any additional information):
- **05** Other:

The listed accommodations must be appropriate and must not subvert the purpose of the test or violate test security. Check with the District Section 504 Coordinator, School Test Coordinator, and/or District Test Coordinator for the appropriateness of other accommodations not listed above.

### PART L. SIGNATURES OF 504/SBLC MEMBERS PARTICIPATING IN THE INDIVIDUAL ACCOMMODATION PLAN

<table>
<thead>
<tr>
<th>Parent/Guardian First Language:</th>
<th>☐ English ☐ Spanish ☐ French ☐ Vietnamese ☐ Chinese ☐ Other:</th>
</tr>
</thead>
</table>

[*Required Signatures]*

<table>
<thead>
<tr>
<th>*Teacher/Subject</th>
<th>Date:</th>
<th>*Teacher/Subject</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*Principal/Designee</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>School Test Coordinator</strong></th>
<th>Date:</th>
<th><strong>LEA 504 Coordinator/Designee</strong></th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td><strong>Signature optional pursuant to LEA procedures.</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Signature optional pursuant to LEA procedures.</strong></th>
<th>Date:</th>
</tr>
</thead>
</table>

### PART M. NOTIFICATION OF PARENT RIGHTS

Must be documented on this form or on alternate form and maintained with confidential records at all times. Please attach alternate form that documents notification of parental rights (if applicable).

I have received a copy of Notice of Parent Rights.

<table>
<thead>
<tr>
<th>*Parent</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

---

*The LDOE does not discriminate on the basis of age, color, disability, national origin, race, religion, sex, sexual orientation, gender identity, political affiliation, or genetic information.*

7/26/2018