

Cannon County Schools

301 West Main Street Woodbury, TN 37190

Ph: (629)-201-4801 Fax: (629)-201-4830

Section 504 Student Services Agreement

From ____/____/____ to ____/____/____

Student Name: _____ DOB: _____

School: _____ Grade: _____

Parents: _____

Address: _____

Phone (home): _____ (work) _____ (cell) _____

1. REFERRAL and ELIGIBILITY

Name and describe the student's impairment(s):

Which life activities are affected by this impairment? (check all that apply)

☐ Seeing
☐ Hearing
☐ Speaking
☐ Breathing
☐ Learning
☐ Working
☐ Sleeping
☐ Reading
☐ Concentrating
☐ Thinking
☐ Communicating
☐ Standing
☐ Lifting
☐ Bending

☐ Major Bodily Function (circle)

immune system
normal cell growth
digestive system
bowels
bladder
neurological
brain
respiratory
circulatory
endocrine
reproductive

This student has been determined to meet Section 504 eligibility due to the impairment(s) of

_____.

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Reports supporting this determination were completed by:

Name of Physician/Specialist

Title

Date of Report

Reevaluation date: _____

New evaluations must be submitted and 504 eligibility determinations made at least every three years after the initial determination is made.

2. CLASSROOM SCHEDULE (list of all classes/teachers)

3. STRATEGIES/MODIFICATIONS

The following strategies and accommodations will be employed to meet the individual needs of the student:

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Is a health plan on file with the school nurse if necessary? Yes ____ No ____

Person responsible for implementation: _____
(School 504 Coordinator)

4. TEAM MEMBERS' SIGNATURES INDICATING AGREEMENT

<u>Signature</u>	<u>Title</u>	<u>Date</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____