

Local Educational Agency (LEA): _____

STUDENT				
Last Name:	First Name:	Louisiana Secure I.D.:	DOB:	Grade:
School:	504 Chairperson:			
Date of Annual 504 Plan:	Date of Most Recent Section 504 Evaluation (within 3 years):			
Triennial Review Due Date:				

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.	
<input type="checkbox"/> 01 DYSLEXIA (<i>Bulletin 1903</i>) <input type="checkbox"/> 02 DYSGRAPHIA	<input type="checkbox"/> 04 OTHER ACADEMIC/LEARNING DISABILITY (Select all that apply): <input type="checkbox"/> Math <input type="checkbox"/> Reading <input type="checkbox"/> Other If other, specify: _____

Specify screening instrument used and all supporting data considered. Attach any additional information.

SOCIAL/EMOTIONAL CHARACTERISTICS OF	
Evidence of diagnosis by authorized provider required.	
<input type="checkbox"/> 03 ADD/ADHD <input type="checkbox"/> 05 BEHAVIOR DISORDER <input type="checkbox"/> 06 OPPOSITIONAL DEFIANT DISORDER <input type="checkbox"/> 07 ANXIETY DISORDER	<input type="checkbox"/> 26 DISRUPTIVE MOOD DYSREGULATION DISORDER <input type="checkbox"/> 08 BIPOLAR DISORDER <input type="checkbox"/> 09 AUTISM SPECTRUM DISORDER (ASD) <input type="checkbox"/> 24 OTHER (none of the above applies) (Specify): _____

Specify screening instrument used and all supporting data considered. Attach any additional information.

MEDICAL	
Evidence of diagnosis by authorized provider required.	
<input type="checkbox"/> 10 DIABETES/HYPOGLYCEMIA/OTHER RELATED DISORDER <input type="checkbox"/> 11 SEVERE ASTHMA OR OTHER RESPIRATORY CONDITION <input type="checkbox"/> 12 SEVERE ALLERGIES OR ANAPHYLAXIS <input type="checkbox"/> 13 CHRONIC FATIGUE SYNDROME <input type="checkbox"/> 14 MIGRAINE HEADACHES <input type="checkbox"/> 15 BROKEN (expected 6+ months duration) OR MISSING BODY PART <input type="checkbox"/> 16 EYE ABNORMALITY/VISION IMPAIRMENT <input type="checkbox"/> 17 EAR ABNORMALITY/HEARING IMPAIRMENT	<input type="checkbox"/> 18 DIGESTIVE OR EATING DISORDER <input type="checkbox"/> 19 BLADDER DISORDER <input type="checkbox"/> 20 NEUROLOGICAL DISORDER <input type="checkbox"/> 21 CIRCULATORY/ENDOCRINE DISORDER <input type="checkbox"/> 23 DRUG OR SUBSTANCE ABUSE RELATED <input type="checkbox"/> 22 OTHER SYNDROME OR RARE DISEASE (Specify): _____ <input type="checkbox"/> 25 OTHER (none of the above applies) If other, specify: _____

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		Comments/Additional Supporting Data:
(27) Behavior Management/Intervention Plan is attached (if appropriate)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(28) Medical Plan/IHP is attached (if appropriate)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(29) Other relevant documents are attached (if appropriate)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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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.

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

<input type="checkbox"/> Math	<input type="checkbox"/> Art/Music	<input type="checkbox"/> Computer Lab	<input type="checkbox"/> Vocational Electives	<input type="checkbox"/> English	<input type="checkbox"/> Field Trips
<input type="checkbox"/> Reading	<input type="checkbox"/> Spelling	<input type="checkbox"/> Physical Education	<input type="checkbox"/> Library	<input type="checkbox"/> Social Studies	<input type="checkbox"/> Gifted/Talented
<input type="checkbox"/> Writing	<input type="checkbox"/> Science	<input type="checkbox"/> Health	<input type="checkbox"/> 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

<input type="checkbox"/> (01) Assign preferential seating	<input type="checkbox"/> (09) Change location to increase physical access
<input type="checkbox"/> (03) Reduce/minimize distractions	<input type="checkbox"/> (11) Stand near student when giving directions/redirection
<input type="checkbox"/> (04) Provide home/school communication (details attached)	<input type="checkbox"/> (12) Use notebook for assignments/materials/homework
<input type="checkbox"/> (08) Post or provide visual cues and/or markers	<input type="checkbox"/> (07) Other
<input type="checkbox"/> (13) Instruction: If other, specify: _____	Specify reason: _____

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

PART D. ACCOMMODATIONS FOR PRESENTATION/RESPONSE

<input type="checkbox"/> (01) Use graphic organizers as teaching/learning tools	<input type="checkbox"/> (17) Provide assistance/cues for homework and transitions
<input type="checkbox"/> (03) Use teacher-initiated signal to redirect attention	<input type="checkbox"/> (21) Do not count off for spelling when grading content
<input type="checkbox"/> (04) Prioritize tasks/assist with pacing (e.g., lists/desktop notes)	<input type="checkbox"/> (23) Computer-assisted instruction
<input type="checkbox"/> (05) Break tasks and procedures into sequential steps	<input type="checkbox"/> (25) Alter format of materials on page (e.g., font/spacing/color)
<input type="checkbox"/> (08) Modify assignments (e.g. vary length, limit number of items)	<input type="checkbox"/> (15) Use virtual/multisensory modes to reinforce instruction
<input type="checkbox"/> (09) Color code material	<input type="checkbox"/> (36) Monitor assignments daily
<input type="checkbox"/> (37) Provide study assistance (Select all that apply): <input type="checkbox"/> Peer notes <input type="checkbox"/> Photocopies of teachers notes <input type="checkbox"/> Study guide <input type="checkbox"/> Other	
If other, specify: _____	
<input type="checkbox"/> (38) Assign (Select all that apply): <input type="checkbox"/> Notetaker <input type="checkbox"/> Peer tutor <input type="checkbox"/> Scribe <input type="checkbox"/> Work buddies <input type="checkbox"/> Other	
If other, specify: _____	
<input type="checkbox"/> (12) Provide options for student to obtain information and demonstrate knowledge through use of (Select all that apply):	
<input type="checkbox"/> Alternate project <input type="checkbox"/> Interviews <input type="checkbox"/> Oral reports <input type="checkbox"/> Dramatization <input type="checkbox"/> Multiple choice items <input type="checkbox"/> Essay responses <input type="checkbox"/> Other	
If other, specify: _____	
<input type="checkbox"/> (13) Appropriate format for instructional/supplemental materials (e.g. audio, digital, large print) (Specify): _____	
<input type="checkbox"/> (14) Other (Specify): _____	

PART E. ACCOMMODATIONS FOR TIME DEMANDS

<input type="checkbox"/> (01) Increase time allowed for (Select all that apply): <input type="checkbox"/> Classroom - Time and a Half <input type="checkbox"/> Classroom - Double Time <input type="checkbox"/> Classroom - Other	
<input type="checkbox"/> Homework - Time and a Half <input type="checkbox"/> Homework - Double Time <input type="checkbox"/> Homework - Other	
<input type="checkbox"/> Projects - Time and a Half <input type="checkbox"/> Projects - Double Time <input type="checkbox"/> Projects - Other	
If other, specify: _____	
<input type="checkbox"/> (02) Provide timelines for completing tasks in chunks	<input type="checkbox"/> (05) Provide assistance for transitions (Specify): _____
<input type="checkbox"/> (03) Allow breaks during work periods or between tasks	<input type="checkbox"/> (09) Other (Specify): _____

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PART F. ACCOMMODATIONS/PROVISIONS FOR BEHAVIOR CONCERNS

- (02) Establish procedures and routines to help complete activities
- (03) Reinforce appropriate behavior
- (04) Determine reason for behavior and teach replacement skills
- (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): _____
- (09) Tiered Positive Behavior Support Program
- (05) Visits with counselor or other service personnel
- (12) Structured social skills training/formal instruction

PART G. ASSISTIVE TECHNOLOGY

- (01) Manipulatives
- (02) Organizers
- (03) Highlighters/Markers
- (24) Text to Speech Program
- (06) Digital/Electronic Books
- (25) Speech to Text
- (11) Calculators (*Only available if a math-related disability is documented*)
Specify the math-related disability AND ALL data used to determine the appropriateness of the accommodation. Attach any additional information.

- (08) Digital Recorder
- (09) Colored reading filters/overlays
- (10) Adapted grips, pencils, utensils, other tools (Circle)
- (12) Electronic Scribe/Recorder
- (13) FM System
- (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
- (12) Shortened tests
- (10) Allow student to write on tests
- (02) Increased time for written projects:
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: _____
- (27) Small Group Testing
- (08) Alternate options for demonstrating learning
- (28) Individual Testing
- (09) Increased time for completion:
If other, specify: _____
- (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 Testing 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:
If other, specify degree of deficit: _____

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PART I. 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) EOC
 (03) ELDA
 (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.

PAPER				ONLINE			
Grades 3-4 Math	Grades 3-4 ELA	Grades 3-4 Social Studies	Grades 3-8 Science	Grades 3-8 Math	Grades 3-8 ELA	Grades 3-8 Social Studies	End Of Course
PRESENTATION ACCOMMODATIONS							
<input type="checkbox"/> Text to Speech/ Human Reader/ Recorded Voice	<input type="checkbox"/> Text to Speech/ Human Reader/ Recorded Voice (Except reading comprehension)						
COMMUNICATION ASSISTANCE							
<input type="checkbox"/> FM System							
<input type="checkbox"/> Hearing Device							
<input type="checkbox"/> Interpreter							
<input type="checkbox"/> Audio Amplification							
				<input type="checkbox"/> Touch Screen Monitor			
							<input type="checkbox"/> Communication Assistance (Script)
OTHER PRESENTATION ACCOMMODATIONS							
Directions Clarified*							
Highlighting Tool*							
Headphones or Noise Buffers*	Headphones or Noise Buffers*	Headphones or Noise Buffers*	Headphones or Noise Buffers	Headphones or Noise Buffers	Headphones or Noise Buffers*	Headphones or Noise Buffers*	Headphones or Noise Buffers*
Redirect to the Test*							
<input type="checkbox"/> Large Print							
<input type="checkbox"/> Listening Device							
<input type="checkbox"/> Color Overlay	Change Background Font & Colors*						
Extra White Paper*	Extra White Paper*	Extra White Paper*	Extra White Paper*	<input type="checkbox"/> Tactile Graphics			
<input type="checkbox"/> Tactile Graphics	General Masking*	General Masking*	General Masking*	General Masking*			

*Accessible to all students.

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PAPER				ONLINE			
Grades 3-4 Math	Grades 3-4 ELA	Grades 3-4 Social Studies	Grades 3-8 Science	Grades 3-8 Math	Grades 3-8 ELA	Grades 3-8 Social Studies	End Of Course
RESPONSE ACCOMMODATIONS							
Communication Assistance							
<input type="checkbox"/> Speech to Text	<input type="checkbox"/> Speech to Text or Recorded Answers	<input type="checkbox"/> Speech to Text or Recorded Answers	<input type="checkbox"/> Speech to Text or Recorded Answers	<input type="checkbox"/> Speech to Text or Recorded Answers			
<input type="checkbox"/> Word Processor	<input type="checkbox"/> Word Processor	<input type="checkbox"/> Word Processor	<input type="checkbox"/> Word Processor				
<input type="checkbox"/> Alternate Keyboard	<input type="checkbox"/> Alternate Keyboard	<input type="checkbox"/> Alternate Keyboard	<input type="checkbox"/> Alternate Keyboard				
<input type="checkbox"/> Communication Device	<input type="checkbox"/> Communication Device	<input type="checkbox"/> Communication Device	<input type="checkbox"/> Communication Device				
Calculation Devices (except on fluency items)							
<input type="checkbox"/> Calculator	<input type="checkbox"/> Calculator	<input type="checkbox"/> Calculator	<input type="checkbox"/> Calculator				
<input type="checkbox"/> Manipulatives	<input type="checkbox"/> Manipulatives	<input type="checkbox"/> Manipulatives	<input type="checkbox"/> Manipulatives				
<input type="checkbox"/> Multiplication Chart	<input type="checkbox"/> Multiplication Chart	<input type="checkbox"/> Multiplication Chart	<input type="checkbox"/> Multiplication Chart				
<input type="checkbox"/> 100s Chart	<input type="checkbox"/> 100s Chart	<input type="checkbox"/> 100s Chart	<input type="checkbox"/> 100s Chart				
<input type="checkbox"/> Number Line	<input type="checkbox"/> Number Line	<input type="checkbox"/> Number Line	<input type="checkbox"/> Number Line				
Other Response Accommodations							
<input type="checkbox"/> Slant Board	<input type="checkbox"/> Slant Board	<input type="checkbox"/> Slant Board	<input type="checkbox"/> Slant Board				
<input type="checkbox"/> Blank Paper	<input type="checkbox"/> Blank Paper	<input type="checkbox"/> Blank Paper	<input type="checkbox"/> Blank Paper				
<input type="checkbox"/> Word Prediction	<input type="checkbox"/> Word Prediction	<input type="checkbox"/> Word Prediction	<input type="checkbox"/> Word Prediction				
<input type="checkbox"/> Adapted Grips, Writing Tools	<input type="checkbox"/> Adapted Grips, Writing Tools	<input type="checkbox"/> Adapted Grips, Writing Tools	<input type="checkbox"/> Adapted Grips, Writing Tools				
<input type="checkbox"/> Answers Recorded	<input type="checkbox"/> Answers Recorded	<input type="checkbox"/> Answers Recorded	<input type="checkbox"/> Answers Recorded				
<input type="checkbox"/> Transferred Answers	<input type="checkbox"/> Transferred Answers	<input type="checkbox"/> Transferred Answers	<input type="checkbox"/> Transferred Answers				
							<input type="checkbox"/> Dictionary
							<input type="checkbox"/> Thesaurus
Timing & Scheduling							
<input type="checkbox"/> Extended Time	<input type="checkbox"/> Extended Time	<input type="checkbox"/> Extended Time	<input type="checkbox"/> Extended Time				
<input type="checkbox"/> Allow Breaks	<input type="checkbox"/> Allow Breaks	<input type="checkbox"/> Allow Breaks	<input type="checkbox"/> Allow Breaks				
Setting Considerations							
<input type="checkbox"/> Individual Testing	<input type="checkbox"/> Individual Testing	<input type="checkbox"/> Individual Testing	<input type="checkbox"/> Individual Testing				
<input type="checkbox"/> Small Group Testing	<input type="checkbox"/> Small Group Testing	<input type="checkbox"/> Small Group Testing	<input type="checkbox"/> Small Group Testing				
<input type="checkbox"/> Specified Seating	<input type="checkbox"/> Specified Seating	<input type="checkbox"/> Specified Seating	<input type="checkbox"/> Specified Seating				
<input type="checkbox"/> Alternate Location	<input type="checkbox"/> Alternate Location	<input type="checkbox"/> Alternate Location	<input type="checkbox"/> Alternate Location				

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 the above-listed standardized testing accommodations if those accommodations are routinely received during the instructional period. Unique accommodations not specifically listed require approval using the unique accommodation approval form.

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

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PART J. INSTRUCTIONAL SERVICES/INTERVENTIONS

- (01) Multisensory Structured Language Program(s) (*Bulletin 1903 Guidelines*) (Specify): _____
- (02) 3-Tier Intervention Model: _____
- (03) Remediation/Tutoring: _____
- (04) Title I Services: _____
- (05) Other: _____

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 et al) (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

[*Required Signatures]

*Teacher X	Date:
*Principal/Designee X	Date:
*504/SBLC Chairperson X	Date:

Parent(s) X	Date:
504/SBLC Member X	Date:
Student X	Date:

**School Test Coordinator X	Date:
<i>**Signature optional pursuant to LEA procedures.</i>	

**LEA 504 Coordinator/Designee X	Date:
<i>**Signature optional pursuant to LEA procedures.</i>	

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.

*Parent X	Date:
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