

SAMPLE

SECTION 504 PLAN/CHAPTER 15 SERVICE AGREEMENT

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|---------------------------|--------------------------|-------------------------|------------------------|
| Student Name: | <u>John Doe</u> | Date of Birth: | <u>3/25/94</u> |
| School: | <u>ABC Middle School</u> | Grade: | <u>10th</u> |
| Date Services will begin: | <u>8/28/2009</u> | Date Services Will End: | <u>6/15/2012</u> |
| Initial Agreement: | <u>For the 09-10 SY</u> | Modified Agreement: | _____ |

1. Describe the nature of the concern:

John has a diagnosis of osteoporosis, Crohn's Disease, and depression. Due to his condition, John often experiences severe fatigue and nausea and becomes unable to focus on the tasks at hand. His ability to participate in physical activity is also limited. Although John is currently taking medication to relieve his symptoms, his condition will cause him to miss school, and, as a result, he will miss classroom instruction, tests, and deadlines for completing homework assignments. He will also not always be able to participate fully in physical education classes.

2. Describe the basis for the determination of a physical or mental impairment:

Diagnosis of Dr. Mark Smith, gastroenterologist at CHOP, and diagnosis of Dr. Elaine Woods, child psychiatrist at St. Christopher's Hospital for Children, and diagnosis of Dr. Joe Miller, pediatrician.

3. Describe how the physical or mental impairment substantially limits a major life activity:

As a result of John's physical impairments and his depression, he had difficulty concentrating in school and he often experiences severe fatigue and nausea and becomes unable to focus on learning and unable to think clearly. He is also substantially limited in his ability to stand and bend due to the osteoporosis.

4. Describe the aids, services, and/or accommodations that are necessary:

- Within two weeks of the beginning of courses during the school year, the guidance counselor will provide to John's parents the outlines or syllabi of John's courses. In the event an outline to a specific course does not exist, the teacher(s) will provide to the parents a bi-monthly "syllabus" of assignments.
- John's teachers will provide weekly progress reports to John's parents by e-mail. In case John is absent, the guidance counselor will forward these reports to the family by e-mail.
- John and the guidance counselor will arrange bi-weekly meetings to discuss his program, assignments, or any other issues.
- John will receive additional in-school counseling services through the Student Assistance Program.
- If John is absent from school because of his medical condition, his teachers will allow him a reasonable amount of time to make up missed assignments, tests, and return library books. The allowable time will be determined by the length of his absence.

- If John is out of school due to his condition for more than five school days in a row, John's teachers will prioritize missed assignments and indicate to the guidance counselor what must be done in order to receive a passing grade. The guidance counselor will advise the parents on what assignments John must complete and forward his assignments home within the following two school days by e-mail and/or regular mail (if necessary).
- If John's doctor(s) recommends homebound instruction for him, the district will provide him with 10 hours per week of homebound instruction by appropriately certified teachers until he is able to return to school.
- If John is feeling sick or weak due to his condition, he will be permitted to sit out of gym class and/or given an alternative, more leisurely activity to do within his abilities.

5. The following procedures will be followed in the event of a medical emergency:

The school principal and/or nurse will contact 911 and contact John's parents. The school nurse will follow-up with John's parents and his primary care doctor.

The attached letter outlines your rights to resolve any disputes that you may have concerning the recommended aids, services, or accommodations. If you have any questions concerning your rights or the aids, services or accommodations recommended, please contact me.

School District Administrator

Date

DIRECTIONS: Please check one of the options and sign this form:

I agree and give permission to proceed as recommended.

I do not agree and do not give permission to proceed as recommended.

I would like to schedule an informal conference to discuss my concerns.

I would like to request an impartial due process hearing.

My reason for disapproval of this plan
is: _____

Parent(s) Signature

Date