**Iredell-Statesville Schools**

**Section 504**

**Accommodation Determination Worksheet**

Student: Student ID:

School: Date of Birth:

Grade:

*Instructions: Answer the following questions YES or NO.*

1. **Does the student have a current Health Care Plan and/or Emergency Medical Plan that appropriately addresses the student’s needs?**

**□ YES □ NO**

1. **If the answer to Question 1 is YES, is the Health Care Plan or Emergency Medical Plan designed to meet the student’s individual needs as adequately as the needs of non-disabled students?**

**□ YES □ NO**

***If YES, describe how the Health Care Plan or Emergency Medical Plan allows the student to maintain equal access to his/her educational environment, materials, or program.***

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1. **Is the student’s condition managed in a way (medicinally or through other outside medical/mental health management) that improves the student’s access to the educational environment, materials, or program?**

**□ YES □ NO**

*If YES, describe the mitigating measures being used to manage the student’s qualifying condition(s):*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

1. **Is the student’s condition(s) currently in a remissive state? □ YES □ NO**

*If YES, the team may consider whether sufficient information is available to develop an accommodation plan to be implemented when the student enters a more active state of the disabling condition.*

1. **Is the student receiving accommodations or modifications through informal classroom accommodations provided by teaching staff, MTSS, or any other interventions that provide them with equal access to the educational environment, materials, or program?**

**□ YES □ NO**

*If YES, describe:*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

1. **Does the student need specialized instruction or accommodations to provide them with equal access to the educational environment, materials, or program?**

**□ YES □ NO**

1. **Does the student need Section 504 accommodations, including classroom and testing modifications and/or related services to receive an equal educational opportunity?**

*NOTE: If the student has a health care plan or other means that appropriately address the student’s medical needs, the student’s health care plan should be incorporated into a Section 504 accommodation plan by reference.*

*If the student’s disabling condition is inactive, episodic, or in remission; and/or the student does not need specialized instruction or accommodations to provide them with equal access to the educational environment, materials, or program, the student may not need an accommodations plan.*

**□ YES □ NO**

[*If NO: Although the student is eligible for protections under Section 504, the student’s disabling condition is inactive, episodic, or in remission, and/or the student does not need specialized instruction or accommodations to provide them with equal access to the educational environment, materials, or program. At this time, the team has selected not to develop a Section 504 accommodation plan. The team will reconvene at least annually, or more frequently if requested by school personnel or parents, to evaluate the student’s need for a Section 504 accommodation plan.]*