

Example of an Actual 504 Plan Recommendation

Name: XXXXX DOB: 01/09/95 Grade: 2nd School: XXXXX Date of Meeting: 09/11/02 Date of Review: 09/11/02

1. Describe the nature of the concern: XXXXX is a student with a medical diagnosis of Severe Hemophilia A (VIII). Hemophilia is a bleeding disorder, which effects a person's clotting ability, and usually effects tissue, muscles, joints, and internal organs. Students with severe hemophilia often are subject to limited motor ability during bleeding episodes, which may result in the need for crutches, wheelchairs, splints, and slings. Some severe bleeding episodes may result in bed rest or hospitalization. Bleeding episodes may effect XXXXXX attendance and performance in both class and gym
XXXXX has "target" areas: toe joints, right elbow, and (most severe) nose bleeds.
2. Describe the basis for determination of handicap: Diagnosis of Severe Hemophilia A (Factor VIII).
3. Describe how handicap affects a major life area: Bleeding episodes may cause an unusual amount of absences, a need for physical accommodation, or adaptive Physical Education .
4. Describe the reasonable accommodations necessary to provide a free appropriate education (FAPE):
 - a. XXXXX should be given an opportunity to make up missed work (It is expected that XXXXX will make up all missed work.)
 - b. XXXXX may require adaptations to school environment based on bleeding episode (crutches, wheelchair, splints, slings).
 - c. XXXXX should be allowed to participate in all regular Physical Education programs, unless indicated otherwise. If XXXXX is unable to participate physically, he should be involved by coaching, score keeping, or as referee.
 - d. XXXXX grades should not reflect late work or absences due to bleeding episodes, either in the classroom, or in physical education classes.
 - e. All rooms should carry rubber gloves and a bleach and water solution.
 - f. Home tutor as needed – due to bleeds that require bed rest.

Participants: (name and title) XXXX, Parent XXXX, School Psychologist XXXX, Principal XXXX, Teacher

I have read the accommodation plan and am aware of my due process rights to appeal this plan if I am not satisfied.

Parent Signature

Date

CC: Psychologist Building Principal Classroom Teacher Guidance