



## Section 504 PLAN DISTRIBUTION NOTICE

Date of 504 Plan Meeting \_\_\_\_\_

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

School Year \_\_\_\_\_

School \_\_\_\_\_

Perm ID # \_\_\_\_\_

Grade \_\_\_\_\_

The Section 504 Accommodation Plan (developed by the Section 504 Evaluation Team) for the above-named student must be implemented by the person(s) responsible as indicated in the Section 504 Accommodation Plan. It is imperative that the accommodations as written in the accommodation plan be fully implemented in compliance with federal, state, local laws, and mandates of Section 504.

Be aware that, under federal law, personal civil rights suits may be filed on behalf of students against individual district employees who fail to comply with the law and mandates set forth under Section 504. In addition, failure to comply with Section 504 law regarding the implementation of a Section 504 Accommodation Plan may result in a complaint investigation and ruling by the United States Department of Education, Office for Civil Rights (OCR). Such a ruling could result in the loss of district federal funds.

By signing below, I acknowledge that I have received a copy of the Student Section 504 Accommodation Plan and understand my involvement and responsibility to implement this plan.

Teacher Name	Date MM/DD/YYYY	Title/Subject Taught	Signature

*The above designated staff members have received a copy of the above-named student's accommodation plan and have been advised of their involvement and responsibility in the implementation of this plan.*

*If you have any questions or need assistance, please feel free to contact the School Section 504 Coordinator.*

School Section 504 Coordinator: \_\_\_\_\_  
Printed Name

Date: \_\_\_\_\_  
School Section 504 Coordinator Signature