MERIDEN PUBLIC SCHOOLS SECTION 504 PLAN

NAME:		_ DOB:	GRADE:		
SCH DAT	OOL: E OF MEETING:				
1.	Describe the nature of the concern:				
2.	Describe all evaluation data gathered:				
3.	Identify the disability (ies) (i.e., physical or mental impairment that substantially impacts or more major life activities):				
4.	Describe the basis for determining the	disability (ie	s) (if any):		
5.	Describe how the disability affects each	ch of the impa	acted major life activities:		

6. Please describe the analysis undertaken to determine the potential impact on a major life activity, without consideration of the ameliorating effects of any "mitigating measures," except for ordinary eyeglasses or contact lenses. Mitigating measures may include, but are not limited to, (a) medication, medical supplies, equipment, appliances, low-vision devices (defined as devices that magnify, enhance, or otherwise augment a visual image, but not including ordinary eyeglasses or contact lenses), prosthetics including limbs and devices, hearing aid(s) and cochlear implant(s) or other implantable hearing devices, mobility devices, oxygen therapy equipment and supplies; (b) use of assistive technology; (c) reasonable modifications or auxiliary aids or services; (d) learned behavioral or adaptive neurological modifications; or (e) psychotherapy, behavioral therapy, or physical therapy.

Did the team consider the impact of the disability on a major life activity <u>without</u> the potential impact of any mitigating measures (except for ordinary eyeglasses and contact lenses)? For example, if the student is currently using a hearing aid, did the team consider whether the student has a physical or mental impairment that substantially limits a major life activity if the student were not using the hearing aid?

Yes	No		
Please describe:			
aids and services)	under section 504, in or /or to receive educationa	der to access his/her edu	education, and/or related acation and other programs describe each
Accommodation/Service	Frequency	Responsible	Additional Description
	(time/daily/weekly)	staff/implementer	
Use this space for narrat	ive descriptions, if necessa	ry:	
Next Projected Meetin Next Review/Re-evalu (must be completed)	ng Date:nation Date:		
Participants (Name and	d Title)		

cc: Student's Cumulative File

11/19/2019