

Baltimore County Public Schools

**INDIVIDUAL STUDENT PLAN FOR STUDENTS IDENTIFIED WITH A
DISABILITY UNDER SECTION 504**

Date: _____

Name: _____ DOB: _____ School: _____

Grade/Section: _____ Student ID #: _____

Name the Student's Home School if Different from Current School: _____

1. Specify the Diagnosed Physical or Mental Impairment:

2. Cite the Medical or Psychological Assessment Report used to Document the Physical or Mental Impairment:

3. Check the Major Life Activity Substantially Limited by the Disability:

Breathing Caring for Self Hearing
 Learning Performing Manual Tasks Seeing
 Speaking Walking Working
 Other: _____

Describe FAPE Needed Based Upon the Substantial Limitation to the Major Life Activity for the following charts:

• Instructional Accommodations/Modifications to be Permitted/Provided by Teacher:

Specific Instructional Accommodations	Setting	Staff Responsible

Baltimore County Public Schools
INDIVIDUAL STUDENT PLAN FOR STUDENTS IDENTIFIED WITH A
DISABILITY UNDER SECTION 504

- **Testing Accommodations:** (Testing accommodations must be based upon substantial limitation to the major life activity as exhibited in the classroom on a regular basis.)

Testing Accommodations	Setting	Staff Responsible

- **Instructional Materials to be Provided:**

Instructional Materials	Setting	Staff Responsible

- **Physical Facilities Accommodations:**

Physical Facilities Accommodations	Setting	Staff Responsible

Baltimore County Public Schools
INDIVIDUAL STUDENT PLAN FOR STUDENTS IDENTIFIED WITH A
DISABILITY UNDER SECTION 504

• **Necessary Related Services:**

Necessary Related Services	Setting	Staff Responsible

Student Support Team Chair: _____

Case Manager: _____

Prepared By: _____

This plan should be completed for students determined to be eligible under Section 504. When determining accommodations and/or modifications, the Student Support Team should consider maintaining the student in the least restrictive environment.