



Department of Special Services 504 Plan

- Initial
 Annual

Student	ID Number	Meeting Date	Review Date
School	DOB		Grade

The above-named student has qualified as a student with a disability under Section 504 of The Rehabilitation Act of 1973. This student's impairment has been identified as _____

This impairment substantially limits the major life activity of _____

Initial or Recent Qualification Date _____ Reevaluation Date _____

The following accommodations and/or modifications, including medication administration are necessary to afford this student the equal opportunity to access school programs and activities.

On _____ the following individuals participated in the development of this plan.
Date

_____ Name	_____ Signature	_____ Title

Does the student require COVID-19 compensatory services?

- The 504 knowledgeable committee determined the student **REQUIRES** COVID-19 compensatory services.
- The 504 knowledgeable committee determined the student **DOES NOT** require COVID-19 compensatory services.
- The 504 knowledgeable committee will determine and/or address COVID-19 compensatory services **AT A LATER DATE**.
- The 504 knowledgeable committee determined the student requires COVID-19 compensatory services **FOR REIMBURSEMENT PURPOSES ONLY**.

Document rationale for the decision. If yes, include how COVID-19 compensatory services will be delivered. Include the decision regarding any requests for reimbursement.

Information from the Fairfax County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent or of the eligible student.