

CONFIDENTIAL

KPBSD 504 Student Accommodation Plan

Student ID: [REDACTED]

504 Status: Active

Name: [REDACTED]

Meeting Date: 2/29/2012

Birthdate: 8/16/1993 Grade: 12

Review Date: 2/28/2013

School: Soldotna H.S.

Testing Accommodations: Y

504 School: Soldotna H.S.

Testing Modifications: N

Testing Modifications Status:

1. The data gathered to assess the student's eligibility included:
medical/psychological report
teacher recommendations/observations

2. Summarize the data gathered:

On 2/10/2005 Dr. Cavana [REDACTED]'s physician, diagnosed [REDACTED] to have Legg-Perthes Disease, a form of osteoporosis. She no longer qualifies for special education, but continues to have a need for minimal accommodations do to her orthopedic impairment.

3. Mental or physical condition substantially limiting or impairing student's functioning:
Perthes Disease - Artificial Hip

4. Major life activities at school impaired or substantially limited by the condition:
walking
manual tasks
caring for oneself

5. Specific limitations requiring accommodations:

Perthes Disease which prohibits her from participating in any physical activities. She is unable to participate with peers in PE.

5. Reasonable accommodations corresponding to limitations:

Allowing frequent breaks during testing.
Allowing additional time on assignments.
Preferential seating
Support of physical position of student by increasing or decreasing opportunity for movement.
Administering the test in locations with minimal distractions, in a small group, or individually.
Allowing student to ask for clarification of test directions.

Please complete this page and return it to your child's school as soon as possible to let us know about your attendance at the meeting.

Date: 2/25/2012

To: Tony Graham

1. ☒ I will attend the scheduled Section 504 Conference Committee meeting.

☐ I will not attend the Section 504 Conference Committee meeting, but I would like you to continue the process and send the paperwork to my home address.

☐ Please contact me so I can participate by phone.

2. ☐ I would like my child to attend the Section 504 Conference Committee meeting.

☒ I do not want my child to attend the Section 504 Conference Committee meeting.
She will Be at Doctors

3. Please indicate if there are additional school personnel you would like to attend the Conference Committee meeting.

4. You may also bring any additional persons to the Section 504 Conference Committee meeting.

I plan to have the following person(s) attend with me:


Parent/Guardian Signature

2/25/2012
Date

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KPBSD 504 Student Accommodation Plan

I have participated in designing this Accommodation Plan for Janice Scritchfield to address the educationally relevant impairment(s) associated with the qualifying disability under Section 504.

Participant's Name	Title	Participant's Signature
Tommy Graham	Asst Superintendent	Tommy Graham
Margaret Griffin	Counselor	Margaret Griffin
[REDACTED]	Parent	Janice Scritchfield

☒ Parent provided a copy of the Section 504 Parental Rights