

## Section 504 Plan - Joe Smith 2020(1)

**Immanuel Lutheran School  
200 N. Plum Grove Rd. Palatine, IL 60067  
(847) 359-1936**

### **SECTION 504 PLAN**

**Student Name: Joe Smith**

**Birth Date:**

**Grade:**

**Teacher:**

**Initial Eligibility Date:**

**504 Conference Date:**

**Anticipated Re-Evaluation Date:**

**Participants' Names/Titles:**

**Father:**

**Mother:**

**Resource Teacher:**

**Teacher:**

**Principal:**

**Disabling Condition:**

**The following accommodations and/or health plan have been agreed upon by school staff, parent(s), and student as being necessary for the student to have an educational opportunity equal to the average student in the general population.**

**The following accommodation(s) are the responsibility of the Classroom teachers and School Team**

#### **Accommodation 1**

**Date Accommodation Started:**

**Substantial Limitation as evidenced by:**

**Accademic/School Accomodation**

#### **Accommodation 2**

**Date Accommodation Started:**

**Substantial Limitation as evidenced by:**

**Accademic/School Accomodation**

#### **Accommodation 3**

**Date Accommodation Started:**

**Substantial Limitation as evidenced by:**

**Accademic/School Accomodation**

#### **Accommodation 4**

**Date Accommodation Started:**

**Substantial Limitation as evidenced by:**

**Accademic/School Accomodation**

**The following accommodation(s) are the responsibility of the Classroom teachers, School Team and Media Teacher**



**Accomodation 1**

**Date Accomodation Started:**  
**Substantial Limitation as evidenced by:**  
**Accademic/School Accomodation**

**Accomodation 2**

**Date Accomodation Started:**  
**Substantial Limitation as evidenced by:**  
**Accademic/School Accomodation**

**Additional supports or services:**

**Conference Notes:**

**Anticipated Annual Review Date:**

## Signatures

Student Name:

Birth Date:

Date of Meeting:

## Conference Participants:

**Conference Participants Name/Title:**

Father:

Mother:

Resource Teacher:

Principal:

Teacher:

## Anticipated Annual Review Date:

- I have received a link to ISB504 regulations and procedures:  
<https://isbe.net/Pages/Special-Education-Civil-Rights.aspx>
- I have received a copy of the Section 504 Plan.
- I give consent for my child to receive Section 504 Accommodations.
- I do not give consent for my child to receive Section 504 Accommodations.

I have received a link to ISBE 504 regulations and procedures:  
<https://www.isbe.net/Pages/Special-Education-Civil-Rights.aspx>



X

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# Signature Certificate

Document name: Section 504 Plan - Joe Smith 2020(1)

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