Utah State Board of Education

SECTION 504 NOTICE OF DECISION AND 504 PLAN FORM

A FORM FOR LOCAL EDUCATION AGENCIES (LEAS) TO ADAPT AND USE

August 2026

N.B. This form is not required. This form is for LEAs to adapt and use at their discretion. The Utah State Board of Education (USBE) does not assume responsibility for how these forms are adapted and used.

School District / Charter School Name

SECTION 504 NOTICE OF DECISION AND 504 PLAN

Student name:

Student ID:

Grade:

Date of birth:

Date:

School name:

The student has a mental or physical impairment that substantially limits one or more of their major life activities (please specify below).

- ☐ Seeing
- ☐ Walking
- ☐ Sleeping
- ☐ Standing
- ☐ Hearing
- ☐ Speaking
- ☐ Thinking
- ☐ Caring for oneself
- ☐ Concentrating
- ☐ Communicating
- ☐ Lifting
- ☐ Eating
- ☐ Learning
- ☐ Breathing
- ☐ Working
- ☐ Bending
- ☐ Reading
- ☐ Performing manual tasks
- ☐ Sitting/reaching
- ☐ Interacting with others
- ☐ Other:

This list is not exhaustive and includes the operation of major bodily functions (e.g., immune system, digestive, neurological, respiratory, endocrine).

The student has a record of such an impairment.

The student is regarded as having such an impairment.

At least one of the above must be marked for the student to meet the definition of a student with a disability under Section 504. The team must also determine whether the student requires related services for equal access to a Free Appropriate Public Education (FAPE).

Evaluation procedures, tests, records, or reports used as a basis for the decision:

- ☐ Cumulative records
- ☐ Discipline records
- ☐ Inventory
- ☐ Attendance records
- ☐ Other:
- ☐ Parent input
- ☐ Report card grades
- ☐ Curriculum-based assessment
- ☐ State assessment results
- ☐ Response to intervention data
- ☐ Outside or private evaluation(s)

Is this student eligible to receive related aids and services in a 504 plan?

If you have any questions regarding your rights, you may contact:

Name:

Position:

Phone:

Email:

List each identified need and the related aids and services that support the student's access. Additional pages may be used if needed.

Specific Need 1 – functional area impacted by the student's disability:

Related aids and services (supports needed for equal access; e.g., accommodations or other supports). Be specific:

Section 504 does not distinguish between accommodations and modifications. Identify the supports needed for the student to access programs and activities.

Person(s) responsible for implementation:

How the team will know this support is effective (criteria for success):

Specific Need (2):

Related aids and services (supports needed for equal access; e.g., accommodations or other supports). Be specific:

Person(s) responsible for implementation:

How the team will know this support is effective (criteria for success):

Specific Need (3):
Related aids and services (supports needed for equal access; e.g., accommodations or other supports). Be specific:

Person(s) responsible for implementation:

How the team will know this support is effective (criteria for success):

Specific Need (4):
Related aids and services (supports needed for equal access; e.g., accommodations or other supports). Be specific:

Person(s) responsible for implementation:

How the team will know this support is effective (criteria for success):

Section 504 Plan Team

Signature:	Title:	Date:
Signature:	Title:	Date:
Signature:	Title:	Date:
Signature:	Title:	Date:
Signature:	Title:	Date:
Signature:	Title:	Date:
Signature:	Title:	Date:
Signature:	Title:	Date:

Parent/guardian

I/We, , as this student's parent(s)/guardian(s), acknowledge participation in the Section 504 process and receipt of this plan and notice of procedural safeguards.

Signature: **Date:**

Signature: **Date:**

Annual 504 Plan review scheduled: