

This is a sample 504 plan. Please work with your Hemophilia Treatment Center (HTC) and local school district to create proper documentation that works best for your student.

SAMPLE 504 ACCOMMODATION PLAN

Name: John Brown*

D/O/B: 01/19/99

Grade: 2nd

School: XX

Date of Meeting: 9/8/05

Date of Review: 9/8/05

1. Describe the nature of the concern: John is a student with a medical diagnosis of Severe Hemophilia A (Factor VIII). Hemophilia is a bleeding disorder that impairs a person's clotting ability, usually affecting tissue, muscles, joints and internal organs. Students with severe hemophilia often are subject to limited motor ability during bleeding episodes, which may result in the need for crutches, wheelchairs, splints or slings. Some severe bleeding episodes may result in bed rest or hospitalization. Bleeding episodes may affect John's attendance and performance in both class and physical education.
2. Describe the basis for determination of disability: Diagnosis of Severe Hemophilia A (Factor VIII).
3. Describe how disability affects a major life area: Bleeding episodes may cause an unusual amount of absences, a need for physical accommodations or adaptive physical education.
4. Describe the reasonable accommodations necessary to provide a free appropriate education (FAE):
 - a) John should be given the opportunity to make up missed work (it is expected that John will make up all missed work).
 - b) John may require adaptations to school environment based on bleeding episodes (crutches, wheelchairs, splints, slings).
 - c) John should be allowed to participate in all regular physical education programs unless indicated otherwise. If John is unable to participate physically, he should be involved by coaching, scorekeeping or as a referee.
 - d) John's grades should not reflect late work or absences due to bleeding episodes, either in the classroom or in physical education classes.
 - e) All rooms should carry rubber gloves and a bleach and water solution.
 - f) Home tutor as needed—due to bleeds that require bed rest.

Participants: (Name and title), Parent, School Psychologist, Principal, Teacher

I have read the accommodation plan and am aware of my due process rights to appeal this plan if I am not satisfied.

Parent Signature

Date

Cc: Psychologist
Building Principal
Classroom Teacher
Guidance Counselor

*fictitious name