

§504 PLAN
ROCKINGHAM COUNTY PUBLIC SCHOOLS
 Confidential Information

Student Name _____ School _____ Date of Birth ____/____/____

ASSIGNED RESPONSIBILITIES

TARGETED NEEDS	INTERVENTION METHODS/LOCATIONS (WHERE)	WHO	WHEN BEGIN WHEN END*	PROCEDURES FOR EVALUATION

* Unless otherwise noted by month/day/year, this §504 plan will follow the adopted Rockingham County school-year calendar.