

**Section 504 Plan**  
**Gibson County School District**  
**School: Carrington Middle School**

**Name:** Ryan Morgan  
**Date of Birth:** 04-12-XXXX

**Plan Meeting Date:** 11-13-XXXX

**Qualifying Impairment:** Asthma, which significantly limits Ryan’s breathing

**Brief Description of Impact:** Ryan’s disability affects his ability to participate in physical education.

<b>Accommodations</b>	<b>Person Responsible</b>	<b>Dates of Service</b>	<b>Comments</b>
Ryan will participate in an alternative physical activity indoors if the pollen count is high.	Physical education teacher	Throughout the school year	
Ryan is allowed to carry his inhaler at all times during the school day.	Ryan	Throughout the school year	Doctor’s note on file
An additional inhaler is stored in the school nurse’s office.	School nurse	Throughout the school year	Doctor’s note on file
Ryan will report any asthma attacks to the school nurse.	Ryan	Throughout the school year	

I have participated in the development of this plan and have received a copy of my rights under Section 504.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Others in Attendance:**

**Title/Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title/Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title/Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_