Reynolds School District

Administration Offices
1204 NE 201st Avenue
Fairview, Oregon 97024-9642
(503)661-7200 Fax (503)667-6932

REYNOLDS SCHOOL DISTRICT
SECTION 504 ACCOMMODATION PLAN

Student Makaylin Klobas School Reynolds HS Date 10/22/15

Parents(s) Eric + Cheryl Klobas Counselor Cabrera Grade 11

Eligibility:

- The student has, or is believed to have, a physical or mental impairment. X Yes ___ No
  If yes, what is it? _____
- A written medical notice documenting the physical or mental impairment is provided by the appropriate medical or health care professional. X Yes ___ No
  If yes, date of notice? 10/10/15
- The impairment substantially limits one or more of the student's major life activities X Yes ___ No
  If yes, what is it? concussion sustained on 10/5/15
  How is it substantial? sensitivity to light and noise, difficulty focusing, needing more sleep

The educational team certifies this student to be eligible for 504 accommodations based on the attached evaluation reports. X **Yes** ___ **No**
(Attach medical report(s) and/or psychological evaluation(s) along with teacher observations, test results, and any other pertinent information such as grades or work samples.)

Accommodations:

Accommodation/Adaptions	Responsibility	Location
shortened schedule	counselor / teacher	
extended time on homework	student / teacher	
permission to leave class for quieter space	student / teacher	
extra time for testing	student / teacher	

Signature of Team Members	Title	Agree	Disagree
Cheryl Klobas	Mother	✓	
Kaylin Klobas	Student	✓	
Emily Cabrera	Counselor	✓	
Ch	Athletic Director	✓	

(Copies provided to Guardian, Principal, classroom teachers, and Counselors.)

ANNUAL REVIEW

Student's Name: _____ Date _____

The Section 504 Team has met and reviewed the progress of this student. Based on team's information, the action taken is:

☐ Renewal

☐ Termination

☐ Other

Reason for renewal/termination/other: _____

_____

_____

If you have questions concerning the information in this document, please contact the school's Section 504 Coordinator _____ at _____, or the district Section 504 Coordinator at (503)661-7200.

☐ Parent/Student Rights

MT. HOOD CHIROPRACTIC CLINIC

STEPHEN SALAZ, D.C., P.C.

24595 SE STARK STREET • TROUTDALE, OREGON 97060 • (503) 492-6851

Disability Certificate

Date: 10/16/15

This is to certify that Kaylin Klobas

Has been under my professional care and was:

___Totally Incapacitated ✓ Partially Incapacitated

from 10/12/15 to 10/23/15

Remarks: Kaylin is released from school due to symptoms associated with a concussion. She is to attend no more than 1 class a day through 10/23/15 as tolerated. Will re-evaluate on 10/23/15.

Dr. Kelsie Moore, DC. MS.

THIS DOCUMENT CONTAINS A VOID PANTOGRAPH • THERMOCHROMIC INK • CHEMICAL VOID ALTERATION FEATURES
• ANY OPAQUE WATERMARK ON THE BACK THAT READS "SECURITY PRESCRIPTION" • SECURITY REVERSE RX

Telephone: 503-665-1010 Fax: 503-665-1023

MTN. VIEW FAMILY PRACTICE, P.C.

Paul Podett, M.D. – Physician & Surgeon/Family Practice Board Certified
Anne Heiner, PA-C – Physician Assistant Certified
Teressa Raine, PA-C – Physician Assistant Certified
Brooke Lowry, PA-C – Physician Assistant Certified

24900 SE Stark St., Suite 205 Gresham, Oregon 97030

Name Kaylin Klobas Date 10/10/15

Address

Kaylin is suffering from a concussion and will need special accomodations including Missing classes or leaving class due to Concussion symptoms while she is recovering likely 2-6 weeks of recovery.

☐ Label

Refill - 0 - 1 - 2 - 3 - 4 - PRN