

## Section 504 Accommodation Plan

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

YES NO The student has received an evaluation.

YES NO The student has a mental or physical impairment that substantially limits one or more of his/her major life activities.

YES NO The impairment substantially affects the student's overall performance at school in regards to:

Breathing	Seeing	Hearing	Doing Manual Tasks
Writing	Walking	Speaking	Caring for Oneself
Reading	Learning	Working	Showing Troubling Behavior
Helping	Sleeping	Standing	Lifting
Concentrating	Thinking	Communicating	Operation of a Bodily Function
Eating	Bending	Other:	

Is this student identified to receive a 504 Accommodation Plan? \_\_\_\_\_

Describe what evaluation data was used; Describe this student's circumstances and its educational impact in more detail (that is, document the basis for the 504 Plan):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The case manager for this Section 504 Plan will be: \_\_\_\_\_

Date of Meeting & Initial Plan: \_\_\_\_\_

Annual Review Scheduled for: \_\_\_\_\_

List each need in order of priority and describe specifically how it is to be met.

Specific Need (How does the impairment impact the student's education and what is needed to eliminate the restriction?)	Accommodations
	Special Materials or Training Needed – Who, How, and When?
	Who will Implement the Accommodations
	Criteria for Evaluating Success

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**Section 504 Plan Team:**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT/GUARDIAN**

I, \_\_\_\_\_, as this student's parent/guardian,  give  
 do not give permission for my child to receive the accommodations described.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_