



## SECTION 504

### STUDENT ACCOMMODATION PLAN

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Review Date: \_\_\_\_\_ Date: \_\_\_\_\_

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

**1. The School Team conducted an evaluation of the student, considered information from a variety of sources, and agreed that the student:**

- is not eligible for a 504 Accommodation Plan.
- is eligible for a 504 Accommodation Plan because he/she has a mental or physical impairment that substantially limits one or more major life activities.

**2. Student's Disability & How it Substantially Limits One or More Major Life Activities**

\_\_\_\_\_

**3. Needs and Accommodations**

Need	Accommodation	Person in Charge
_____	_____	_____
_____	_____	_____
_____	_____	_____

**4. Re-evaluation of the Plan**

This Plan will be re-evaluated periodically and whenever there is a significant change in placement or circumstances. The following issues shall be addressed at the re-evaluation: (1) the need for additional evaluation information; (2) the continued eligibility of the student with a disability under Section 504; and (3) the content of the 504 Accommodation Plan.

**5. Participants**

Teacher  
Principal

**Signatures**

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
School 504 Coordinator

\_\_\_\_\_  
Date