

**Siuslaw School District 97J Section 504  
Annual Accommodation Plan Continuation Agreement**

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Grade: \_\_\_\_\_ SSID #: \_\_\_\_\_

Parent was contacted by phone on \_\_\_\_\_ by \_\_\_\_\_  
Date Case Manager

**This student's Section 504 Plan was reviewed at that time, and no new information or request for change to plan is necessary.**

**A yearly review of the above student's 504 Accommodations Plan is due at this time. Parent and team members agree with the following factors:**

1. All team members (including the parent) have expressed satisfaction with the current plan.
2. There is no change in placement or accommodation needed.
3. There is no new data or information that requires the team to meet to review eligibility or to make changes to accommodations.
4. The plan will continue as written for the school year \_\_\_\_\_.
5. The plan will be redistributed by the case manager to teachers and staff.

**The updated annual 504 review date will be:** \_\_\_\_\_

**Team Signatures noting agreement:**

Role	Name/Signature
Parent/Guardian(s)	
Student	
Case Manager	
District Representative/ Principal	
Teacher	
Teacher	
Teacher	
Teacher	
Teacher	
Teacher	
Teacher	
Teacher	
Other (please identify role):	