

Siuslaw School District 97J Section 504
Student Accommodation Plan Annual Review

Student: _____ Date of Birth: _____ Meeting Date: _____

Grade: _____ Student ID #: _____

Parent/Guardian: _____ Phone: _____

Email: _____

Case Manager: _____ Phone: _____

Email: _____

Parent/Student Rights offered (parent or student initials) _____

Reason for 504 Meeting:

- ___ Renewal or Annual Plan
- ___ Amendment to existing plan
- ___ Plan ended *(if yes, stop here, add description below, and go to signatures)*

Description of end of plan:

Current Evaluation Data Considered:

Sources of Evaluation Information (attach copies of documents, as relevant):

- | | |
|---|---------------------------|
| ___ Student/Parent Input | ___ School File Review |
| ___ Academic Data (including grade reports) | ___ Attendance Data |
| ___ Teacher Input | ___ Discipline Data |
| ___ Achievement Tests | ___ Adaptive Behavior |
| ___ Medical Report of School Health Data | ___ Cognitive Assessments |
| ___ Other: | |

Meeting Notes (use additional note page if more room is needed)

Team Discussion/Overview of Data:

Siuslaw School District 97J Student Plan for Section 504 Accommodations

Student: _____ Date of Birth: _____ Meeting Date: _____

Teaching Techniques

Testing/State Testing (as allowable in Oregon Accommodations Manual)

Homework

Physical

Behavioral

Other

Team Signatures

For each team member, sign and check if you agree or disagree with team decision of eligibility/plan.

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