

Section 504 – Accommodation Plan

Meeting Date: Enter Date

Parent/Student Rights Provided: Yes/No

School: Choose School

Description of Accommodations: The specific accommodations that are necessary for the child to have an opportunity commensurate with non-disabled students (at about the same age) in this district, e.g. instructional/accessibility, behavioral/social, assessment/testing.

[illegible]

Implementation Date: _____ Next Section 504 Plan Annual Review Date: _____

Parent permission is required for initial placement of services under Section 504. If consent for initial placement is not provided, the district may not provide the accommodations recommended under Section 504. Parent & Student rights have been provided or have been reviewed at the time of initial placement for services under Section 504.

Parent or Guardian Signature/Adult Student
Date

Name/Role	Date
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Name/Role _____ *Date* _____

<i>Name/Role</i>	<i>Date</i>
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<i>Name/Role</i>	<i>Date</i>
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