

Date: \_\_\_\_\_ Date of Initiation of Plan: \_\_\_\_\_

**SECTION 504 ACCOMMODATION PLAN**

Student: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**NOTE: If the student is deemed eligible under Section 504, the student is entitled due process protections, including manifestation determinations, regardless of whether the student is provided with any services under this Section 504 Plan.**

***Summarize needs related to disability:***

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**Accommodations:**

Accommodations/Adaptations

Responsibility

Location

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b><i>Signature of Team Members</i></b>	<b><i>Title</i></b>	<b><i>Agree</i></b>	<b><i>Disagree</i></b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*(Copies provided to guardian, principal, classroom teachers, and counselors.)*

**REVIEW**

<i>Date</i>	<i>Continue Plan (Comments)</i>	<i>Counselor</i>	<i>Parent(s)</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*(Significant changes should be written on a new form and attached to the originals.)*