

504 Student Accommodation Plan

Date Written: _____

Date To Be Reviewed _____

Student _____ District/Building _____ Grade _____

DOB _____

Parent (Guardian) Name _____ Plan Facilitator _____

Areas of Strength:

Describe Areas of Concern Based on Eligibility Determination:

Date of Eligibility Determination _____ and Team Members:

Parent (Guardian)

Classroom Teacher

Expert Reviewer in Area of Disability

Administrator/Designee

Member/Position

Member/Position

Areas of Difficulty	Accommodations	Person Responsible	Progress Monitored/ Date of Review

Areas of Difficulty	Accommodations	Person Responsible	Progress Monitored/ Date of Review