

Section 504 Student Accommodation/Service Plan

Date of Eligibility Determination ____ / ____ / ____

Date Accommodation Plan was Written ____ / ____ / ____

Date to be Reviewed ____ / ____ / ____

Date to be Reevaluated ____ / ____ / ____

Student: _____

Date of birth: ____ / ____ / ____

Parent/Guardian: _____

School: _____

Grade: _____

Plan Facilitator: _____

Areas of strength:

Describe areas of concern based on eligibility determination:

Team Member Name	Signature	Position/Title
		Parent/Guardian
		Administrator/Designee
		Teacher
		Teacher
		Other

Section 504 Student Accommodation/Service Plan (continued)

Student _____ District/Building _____

Date ____/____/____

Area of Difficulty	Accommodation Service	Person Responsible	Progress Monitored/Date of Review

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Note: Copies should be provided to parent/guardian, educators, Section 504 Folder, and the Section 504 Coordinator.

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