

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

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