

**PROGRAMS FOR STUDENTS WITH DISABILITIES EXHIBIT**

**Section 504 Accommodation Plan**

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ Initial Referral Date \_\_\_\_\_ Reevaluation Due \_\_\_\_\_

Beginning Date of this Plan \_\_\_\_\_ Annual Review Date \_\_\_\_\_

Describe how the identified disability substantially limits a major life activity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accommodation to Be Taken	Person(s) Responsible

page 2 attached

Participation in state or district wide assessment:  no modifications  
 modifications as defined in accommodations

Team Signatures	Position	Date
_____	School 504 Team Chairperson	_____
_____	Parent/Guardian	_____
_____	Teacher	_____
_____	Other(s)	_____

cc: Student's Cumulative Folder  
District 504 Coordinator  
Parent