

Utility of Form – To document what accommodations will be necessary for the student to access his/her education

## SECTION 504 ACCOMMODATION PLAN

Student \_\_\_\_\_ Date \_\_\_\_\_

Case Manager \_\_\_\_\_

Justification for Section 504 identification \_\_\_\_\_

\_\_\_\_\_

Check each area where special accommodations/services will help the student meet success at school.

<input type="checkbox"/> Seating	<input type="checkbox"/> Note Taking	<input type="checkbox"/> Reading
<input type="checkbox"/> Writing	<input type="checkbox"/> Spelling	<input type="checkbox"/> Vocabulary
<input type="checkbox"/> Space	<input type="checkbox"/> Organization	<input type="checkbox"/> Math
<input type="checkbox"/> Physical Education	<input type="checkbox"/> Assistive Devices	<input type="checkbox"/> Test Taking
<input type="checkbox"/> Problem Solving	<input type="checkbox"/> Time	<input type="checkbox"/> Memory
<input type="checkbox"/> Communication	<input type="checkbox"/> Interpersonal Skills	<input type="checkbox"/> Homework
<input type="checkbox"/> Assignment Completion	<input type="checkbox"/> Listening	<input type="checkbox"/> Other _____

### Accommodations and services

1.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.

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5.

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6.

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7.

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I give permission for my student to receive the above mentioned services.

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Parent

Date

**Section 504 Committee Members**

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