

504 Student Accommodation Plan

Date Written:

Reviewed:

Student:	District:	Grade:
Parent/Guardian Name(s):	Plan Facilitator:	Date of Birth:

Areas of Strength:

Describe Areas of Concern Based on Eligibility Determination:

Date of Eligibility Determination:

Team Members:

Parent/Guardian:	Teacher:	School Nurse:
Administrator:	Expert Reviewer:	Other:

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

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