



*This document is only meant to serve as an example for parents. Parents should check with their local school district for the template their school district uses.*

**SAMPLE SECTION 504 ACCOMMODATION PLAN**

Date of Accommodation Plan: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Summary of Meeting to Discuss Student's Handicap Accommodation(s)**

Meeting Date: \_\_\_\_\_ Date(s) of any evaluation(s): \_\_\_\_\_

Meeting Participants: \_\_\_\_\_

Student's Identified Disability: \_\_\_\_\_

How does the handicap affect one or more of the student's life activities in and around school?  
\_\_\_\_\_  
\_\_\_\_\_

**Accommodations to be provided:**

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of ADA Coordinator

\_\_\_\_\_  
Date

Note: If the Parent(s), Guardian(s) or Student (18 years or older) disagrees with the identification of the student's handicap, the evaluative data, or the accommodations to be provided, a grievance may be filed in conformance with the District Grievance Procedure.