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.