

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 in 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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