



Date: \_\_\_\_\_ Date of Initiation of Plan: \_\_\_\_\_

### SECTION 504 ACCOMMODATION PLAN

Student: \_\_\_\_\_ Building: \_\_\_\_\_ Grade: \_\_\_\_\_

#### **Eligibility:**

- The student has or is believed to have a physical or mental impairment \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, what is it? \_\_\_\_\_
- A written medical notice documenting the physical or mental impairment is provided by the appropriate medical or health care professional. \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, date of notice? \_\_\_\_\_
- The impairment substantially limits one or more of the student's major life activities. \_\_\_\_\_ Yes \_\_\_\_\_ No  
Major life activities include caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, learning, or working  
If yes, what is it? \_\_\_\_\_  
How is it "substantial?" \_\_\_\_\_

The definition of "substantial limitation" is as follows:

- Unable to perform a major life activity that the average person in the general population can perform.
- Significantly restricted as to the condition, manner, or duration under which the average person in the general population can perform the same major life activity.

**The educational team certifies this student to be eligible for 504 accommodations based on the attached evaluation reports \_\_\_\_\_ Yes \_\_\_\_\_ No**

(Attach medical report(s) and/or psychological evaluation(s) along with teacher observations, test results, and any other pertinent information such as grades or work samples.)

**Accommodations:**

Accommodations/Adaptations	Responsibility	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***Signature of Team Members***

***Title***

***Agree***

***Disagree***

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*(Copies provided to guardian, principal, classroom teachers, and counselors.)*

Cc: Students Cum Folder – Confidential  
District 504 Coordinator  
Parent