

# 501.01E4 Section 504 Accommodation Plan

Friday, August 11, 2023

## SECTION 504 ACCOMMODATION PLAN

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

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

**NOTE: If the student is deemed eligible under Section 504, the student is entitled due process protections, including manifestation determinations, regardless of whether the student is provided with any services under this Section 504 Plan.**

**Summarize needs related to disability:**

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Accommodations: \_\_\_\_\_

Accommodations/Adaptations

Responsibility

Location

Signature of Team Members

Title

Agree

Disagree

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

# **REVIEW**

Date

Continue Plan (Comments)

Counselor

Parent(s)

**(Significant changes should be written on a new form and attached to the originals.)**