

**Craig City School District Community School District
SECTION 504 ACCOMMODATION PLAN**

Student: _____

DOB: ____/____/____

School: _____

Grade: _____

Conference Date: ____/____/____

Review Date: ____/____/____

This student has been found to be Section 504 eligible and requires the following accommodations based on evaluation information from a variety of sources that is documented on the Notice of Eligibility.

| |
|---|
| Area of Concern: |
| Accommodation: |
| Modifications: ____/____/____ |

| |
|---|
| Area of Concern: |
| Accommodation: |
| Modifications: ____/____/____ |

| |
|---|
| Area of Concern: I |
| Accommodation: |
| Modifications: ____/____/____ |

Student name: _____

School: 1

| Team Signatures | Date | Position |
|------------------------|----------------|-----------------|
| _____ | ____/____/____ | _____ |
| _____ | ____/____/____ | _____ |
| _____ | ____/____/____ | _____ |
| _____ | ____/____/____ | _____ |
| _____ | ____/____/____ | _____ |
| _____ | ____/____/____ | _____ |
| _____ | ____/____/____ | _____ |

Parent Notice

I participated in the development of this 504 Plan and have received a copy of the *Parent's Notice of Section 504 Rights.*

Parent Signature

____/____/____
Date

Copies: Parent, Teachers, Section 504 Folder, Section 504 Coordinator

SECTION 504 ANNUAL REVIEW

Student name: _____

School: _____

Review Date: ____/____/____

- 1. No modifications needed – continue with plans as written.
- 2. Adjustments needed. See Accommodations page for modifications.
- 3. New plan to be written.
- 4. Plan discontinued because:
 - a. Student is no longer substantially limited.
 - b. Student meets IDEA eligibility requirements and will have an IEP.

Team Agreement:

_____/____/____ ____/____/____ ____/____/____ ____/____/____ ____/____/____ ____/____/____
Initial/date Initial/date Initial/date Initial/date Initial/date Parents
Initial/date**

| |
|--|
| Review Date: ____/____/____ |
| <input type="checkbox"/> 1. No modifications needed – continue with plan as written. |
| <input type="checkbox"/> 2. Adjustments needed. See Accommodations page for modifications. |
| <input type="checkbox"/> 3. New plan to be written |
| <input type="checkbox"/> 4. Plan discontinued because: <ul style="list-style-type: none"><input type="checkbox"/> a. Student is no longer substantially limited.<input type="checkbox"/> b. Student meets IDEA eligibility requirements and will have an IEP. |
| Team Agreement: |
| _____/____/____ ____/____/____ ____/____/____ ____/____/____ ____/____/____ ____/____/____ Initial/date Initial/date Initial/date Initial/date Initial/date Parents Initial/date** |

**I participated in the development of this plan and have received a copy of the
Parent's Notice of Section 504 Rights

Copies: Parent, Teachers, Section 504 Folder, Section 504 Coordinator