



CACHE COUNTY

SCHOOL DISTRICT

Section 504 Accommodation Plan

Student _____ Grade _____ Date _____

School _____ Teacher _____

Yes	No	The student has received an evaluation.
Yes	No	The student has a mental or physical impairment that substantially limits one or more of his/her major life activities.
Yes	No	<p>The impairment substantially affects the student's overall performance at school in regards to:</p> <p> seeing learning standing breathing sleeping bending writing lifting caring for oneself thinking eating showing troubling behavior reading manual tasks concentrating helping speaking communicating hearing working operation of bodily function walking Other: _____ </p>

Is this student identified to receive a 504 Accommodation Plan?

Describe what evaluation data was used; Describe this student's circumstances and its educational impact in more detail (that is, document the basis for the 504 Plan):

Student's eligibility classification under Section 504 (check only ONE that applies):

Autism

Brain injury *or* concussion impairment

Hearing impairment

Learning impairment

Major bodily function impairment

Medical impairment

Mental health impairment

Orthopedic impairment

Other impairment

The case manager for this Section 504 Plan will be: _____

Date of meeting and initial plan: _____

Annual review scheduled for: _____

List each need in order of priority and describe specifically how it is to be met.
(How does the impairment impact the student's education and what is needed to eliminate the restriction?)

Specific Need:

Accommodations:

Special materials or training needed – Who, How, and When:

Who will implement the accommodations?

Criteria for evaluating success:

Specific Need:

Accommodations:

Special materials or training needed – Who, How, and When:

Who will implement the accommodations?

Criteria for evaluating success:

Section 504 Plan Team:

_____	_____	_____
<i>Signature</i>	<i>Title</i>	<i>Date</i>
_____	_____	_____
<i>Signature</i>	<i>Title</i>	<i>Date</i>
_____	_____	_____
<i>Signature</i>	<i>Title</i>	<i>Date</i>
_____	_____	_____
<i>Signature</i>	<i>Title</i>	<i>Date</i>
_____	_____	_____
<i>Signature</i>	<i>Title</i>	<i>Date</i>
_____	_____	_____
<i>Signature</i>	<i>Title</i>	<i>Date</i>

PARENT/GUARDIAN:

As the student's parent/guardian, I give permission for my child to receive the accommodations described.

Yes No

Parent/Guardian Signature *Date*

Copies: Parent, Student File