



## Section 504 Accommodation Plan (J)

Note: Complete this section annually for students eligible for 504 services.

<b>Student Name</b>	<b>Date of Birth</b>	<b>Medical Protocol</b>
		<b>Yes      No</b>
<b>Today's Date</b>	<b>Attending School</b>	<b>Grade</b>

Is additional information attached? ☐ Yes ☐ No

<b>List the accommodations, services or supports necessary to address the student's disability in the educational setting:</b>	<b>Person(s) Responsible</b>

<b>Placement option selected</b>	<b>Comments</b>
<input type="checkbox"/> General education with accommodations	
<input type="checkbox"/> Other:	

I agree to implementation of this Accommodation Plan: (Required at Initial Eligibility)

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Notification Statement: Receipt of this documentation satisfies parental right to notification of identification and placement under Section 504 of the Rehabilitation Act of 1973

**Signature of Team Members**

**Title**

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