SECTION 504 ACCOMMODATION PLAN

Student Name	Birth Date	_
Disability	GradeSchool	
Initial Evaluation Date	Reevaluation Due	
Beginning Date of this Plan	Annual Review Date	
Describe how the identified disability substar	ntially limits a major life activity:	
		_
Accommodation/Action to Be Taken	Setting/Location	
	:	
•		
		
		
Participation in state and district-wide assess	ment: on accommodations accommodations as stated above	
Team Signatures	Position <u>Date</u>	
	School 504 Team Chairperson	
	Parent/Guardian	
	Teacher	