

SECTION 504 ACCOMMODATION PLAN

Student Name _____ Birthdate _____ Grade _____

School _____ Initial Referral Date _____ Reevaluation Due _____

Beginning Date of this Plan _____ Annual Review Date _____

Describe how the identified disability substantially limits a major life activity: _____

Accommodation/Action to Be Taken	Person(s) Responsible

Participation in KIRIS assessment: no modifications modifications as defined in accommodations
page 2 attached

<u>Team Signatures</u>	<u>Position</u>	<u>Date</u>
_____	School 504 Team Chairperson	_____
_____	Parent/Guardian	_____
_____	Teacher	_____
_____	Other(s)	_____

cc: Student's Cumulative Folder
District 504 Coordinator
Parent