

Date copy mailed to parent/guardian: _____

SECTION 504/ADA ACCOMMODATION PLAN

Student's Name: _____ Birthdate: _____

School: _____ Grade: _____

Date of Meeting: _____ Review Date: _____

1. Describe the nature of the concern: _____

2. Describe the basis for the determination of handicap (if any): _____

3. Describe how the handicap affects a major life activity: _____

4. Describe the reasonable accommodations that are necessary: _____

Those present (Name and title):

_____	_____
_____	_____
_____	_____
_____	_____

I hereby acknowledge having been notified of my procedural rights under Section 504/ADA and having agreed to the contents of the plan.

Parent's/Guardian's Signature

Date

cc: Student's Cumulative File

Attachment: Information Regarding Section 504 of the Rehabilitation Act of 1973.

DATE ADOPTED: JULY 1, 2003

DATE REVIEWED: FEBRUARY 5, 2025