



Section 504 Accommodation Plan for Service Animal

Student Name: _____ Meeting Date: _____

Date of Birth: _____ Grade: _____ School: _____

Meeting Participants (list or sign)	Area of Knowledge Relative to this Meeting		
	Student	Evaluation Data	Accommodations/ Placement Options
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The Section 504 Team has met and reviewed the progress of this student. Based the team’s information, the following action taken is:

- Continuation of 504 plan: Accommodations remain the same
- Revision of 504 plan: Accommodations have been updated
- Termination of the 504 Plan: No longer needed
- Other: _____

Reason for action: _____

- Termination of 504 Plan: Parent revocation of consent for 504 plan. (No meeting required.)

I do not agree to implementation of this 504 Student Accommodation Plan. I understand that denial of consent is voluntary. By revoking consent, I understand my child will not receive the accommodations on the 504 plan.

Parent/Guardian Signature _____ Date _____ Phone _____

Attached or enclosed:

Accommodation Plan (continuation or revision)(if applicable)

Parent/Student Rights