



Section 504 Student Accommodation Plan

STUDENT NAME: _____ Date of Birth: _____
 PPS ID# _____ Attending School _____
 Home School _____ Grade _____
 Date of Section 504 Determination _____
 Anticipated Review Date: _____

Meeting Participants (list or sign)	Area of Knowledge Relative to this Meeting		
	Student	Evaluation Data	Accommodations/ Placement options

1. Describe the effects of the student’s disability on the student’s access to education or in the educational setting:
2. List the accommodations, services or supports necessary to address the impairment/disability in the educational setting:

3. Describe the educational placement:

Option	Option selected	Explain
Regular school/general curriculum with accommodations as listed		
Other (Describe):		

PARENT CONSENT (for initial 504 plans): I agree to implementation of this 504 Student Accommodation Plan.

 Parent signature/Date
 This document serves as notice to parents of accommodation plan.

c: Parent & Student Cumulative File, studentservices@pps.net

504 部分 学生调节计划	波特兰公立学校
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学生姓名_____ 出生日期_____

PPS ID#_____ 就读学校 _____

当地学校_____ 年级_____

504 部分小组决定日期_____

预先查看日期: _____ (月/年)

会议参加者 (列表或签名)	与这次会议相关的知识范围		
	学生	评估日期	调节/ 安置选择权
	<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"/>

1. 描述学生残疾对学生获得教育或在教育环境里的影响:

2. 列出调节, 服务或必要的支持去解决教育安置里的缺陷/残疾:

3. 描述教育性的安置:

选择权	在所选择的选择权上 打“√”	解释
正常上学/带所列调节的普通课程		
其他: 描述:		

家长同意(对初期 504 计划): 我同意实施这个 504 学生调节计划.

家长签名/日期

这个文件作为给家长调节计划的通知.

C: 家长与学生累积档案