



Meeting Date: _____

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