504 STUDENT ACCOMMODATION PLAN

NAME: BIRTHDATE: GRADE:

ADDRESS: PHONE: DATE:

STUDENT #:

COUNSELOR: PARENT(S) NAME:

1. Describe the Nature of the Concern:

2. Evaluation diagnosing disabling condition is attached: [ ]

Date of Evaluation:		Evaluator:	
Diagnosis (Indicate the disabling condition):			

3. Describe the basis for the determination of the disability:

The 504/Intervention & Referral Services Committee has reviewed the files of the above named student and concluded that he/she meets the classification as a qualified disabled individual under Section 504 of the Rehabilitation Act of 1973. In accordance with the Section 504 guidelines, the school has agreed to make reasonable accommodations and to address the student's needs by:

PHYSICAL ARRANGEMENT OF THE CLASSROOM

	Seating student near the teacher
	Seating student near a positive role model
	Standing near the student when giving direction or presenting lessons
	Avoiding distracting stimuli (air conditioner, high traffic area, etc.)
	Other

PRESENTATION OF SUBJECT MATTER

	Provide assistance with note taking
	Utilize manipulatives
	Offer choices for projects/assignments
	Present demonstrations (model)
	Write key points on the board
	Make sure directions are clear and precise
	Break longer presentations into shorter segments
	Teach through multi-sensory modes
	Other

MATERIALS

	Highlight texts/study guides				
	Use supplementary material				
	Special Equipment		Calculator		Computer
	Home set of materials/texts for preview/review				

Good Shepherd Regional Catholic School

504 ACCOMMODATION PLAN
TEACHER SIGNATURE PAGE

STUDENT NAME:

GRADE:

COUNSELOR:

DATE:

Teacher Signatures (Acknowledge of 504 Implementation)

NAME	DATE

Student Name:

4. STUDENT RESPONSIBILITY

[blank box]

5. PARENT RESPONSIBILITY

[blank box]

6. PARTICIPANTS

NAME	SIGNATURE	TITLE

7. PARENT/GUARDIAN ACKNOWLEDGEMENT

	I have reviewed the 504 Accommodation Plan for my child
	I understand the contents and reasons for the program recommended & have received a copy of the plan
	I agree to the implementation of the proposed program
	I have received a copy of the Parental Rights for 504

Implementation Date:

_____   _____

Parent/Guardian Signature   Date

Monitored By:_____

Principal's Signature_____

	Other

Student Name:

ASSIGNMENTS

	Give directions in small, succinct steps (written/verbal)
	Use written backup for oral directions
	Provide alternate assignments when appropriate
	Give extra time to complete class work/homework/projects when appropriate
	Allow typewritten or computer printed assignments
	Modify homework assignments
	Check homework assignment book
	Other

TESTING ADAPTATIONS

	Oral (when appropriate)	
	Taped (when appropriate)	
	Vary assessment techniques	
	Standardized tests administered in small group setting	
	Modify format	
	Extend time frame to complete assignment	
	Extend time to take exams and standardized tests	
	Use study sheets to organize material	
	Other	

SOCIAL INTERACTION SUPPORT

	Peer advocacy	
	Peer tutoring	
	Cooperative learning groups	
	Teach sharing/negotiation skills	
	Allow breaks	
	Other	

MOTIVATION AND REINFORCEMENT

	Positive reinforcement, verbal / non-verbal	
	Concrete reinforcement, e.g.	
	Other	

OTHER ACCOMMODATIONS