

Form M

SECTION 504 ACCOMMODATION PLAN

Name: _____

School/Class: _____

Teacher: _____

Date of Accommodation Plan: _____

A). General Strengths:

B). General Weakness:

Specific Accommodations

Accommodation #1

Class:

Accommodation(s)

Person Responsible for Implementing Accommodations:

Accommodation #2:

Class:

Accommodation(s)

Person Responsible for Implementing Accommodation

Accommodation #3:

Class:

Accommodation(s)

Person Responsible form Implementing Accommodation

Accommodation #4

Class:

Accommodation(s)

Person Responsible for Implementing Accommodation:

Individuals Participating in Development of Accommodation Plan:

_____ (Parent/guardian Signature)

_____ (Principal Signature)

_____ (School 504 Coordinator Signature)