

**USD #416
Section 504/APA
Accommodation Plan**

Student: _____

Grade: _____

School: _____

Case Manager: _____

Date: _____

Review Date: _____

Student's Date of Birth _____

The student has been determined disabled under the Section 504 guidelines? Yes No

Description of Substantial Educational Limitation (Identified Need)	Interventions/Accommodations	When, where, how (specifically) is this accommodation implemented?	Desired Outcome	Person(s) responsible

**USD #416
Section 504/APA
Accommodation Plan**

Are any of the following services applicable?
Mark all that apply with an "X"

____ ELL ____ Title I ____ At-Risk

Method of Parent Participation if not in Attendance:
Mark all that apply with an "X"

____ E-Mail ____ Phone Call ____ Survey ____ Other:

504 Committee Members:

_____ Name (Printed)	_____ Signature	_____ Position	_____ Date
_____ Name (Printed)	_____ Signature	_____ Position	_____ Date
_____ Name (Printed)	_____ Signature	_____ Position	_____ Date
_____ Name (Printed)	_____ Signature	_____ Position	_____ Date
_____ Name (Printed)	_____ Signature	_____ Position	_____ Date
_____ Name (Printed)	_____ Signature	_____ Position	_____ Date
_____ Name (Printed)	_____ Signature	_____ Position	_____ Date
_____ Name (Printed)	_____ Signature	_____ Position	_____ Date
_____ Name (Printed)	_____ Signature	_____ Position	_____ Date