

Section 504 Student Accommodation Plan

Date:

Student Name:	Date of Birth:
Student ID:	Phone:
School:	Grade:

Type of meeting generating initial plan or changes to 504 plan	
☐	Initial Evaluation
☐	Annual Review
☐	Failure or Discipline Review
☐	Three Year Reevaluation
☐	Other:
☐	

Indicate the duration of this plan if impairment is temporary (less than 6 months)
Beginning Date:
Ending Date:
Describe the Temporary Disability:

Certificate of Plan Distribution (Please indicate date distributed to parent and each person responsible for plan implementation, or N/A as appropriate)			
Date	Person Responsible	Date	Person Responsible
	Parent/Adult Student		Administrator
	English/Language Arts teacher		Counselor
	Math teacher		Other:
	Science teacher		Other:
	Social Studies teacher		Other:
	PE teacher		Other:
	Fine Arts teacher		Other:
	Vocational teacher		Other:
Signature of 504 Coordinator or other person verifying delivery of plan:			

Matching of Need and Accommodations. Please use the following tool to ensure that each of the student's needs identified in the evaluation are addressed in the accommodation plan. (Attach additional pages where necessary).	
Each student need identified by the evaluation	Accommodation(s) designed to address the need
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

Section 504 Behavior Intervention Plan

Student Name:		Student ID:	
School:			
Date of Plan:			
Please list below each behavior, reinforcement, consequence and person responsible for administering the reinforcement or consequence. Appropriate intervention is based on assessment data, discipline history, social history, parent reports and other data.			
Behaviors targeted for intervention:			
Please select or add the appropriate behavior interventions for this student. Please use the notes and information page to explain choices and to ensure compliance.			
☐	Clearly defined limits	☐	Journal of daily behaviors
☐	Frequent reminder of rules	☐	Reinforce appropriate behavior
☐	Reduce distracting stimuli	☐	Supervised unstructured time
☐	Consistent routine	☐	Behavioral contract (attach)
☐	Other	☐	Other
☐		☐	Proximity seating
☐		☐	Cooling off period
☐		☐	Peer intervention
☐		☐	Other
☐		☐	Other
Communicate behavioral progress or status with parents through (check one):			
☐	Weekly tracking form	☐	Notes home
☐	Daily tracking form	☐	Email
☐		☐	Phone call
☐		☐	Parent conference
When a communication other than a tracking form is chosen, describe the frequency of required contact here (when particular behaviors occur, every two weeks, etc).			
When a targeted behavior occurs, the following occurs:			
Targeted Behavior	Reward for desired behavior	Consequence for undesired behavior	Person responsible for Reward or consequence

Signatures:

School 504 Coordinator

Parent/Guardian

Teacher

Teacher

Other(specify):

Other (specify):

Distribution: Parent; District 504 Coordinator; Cumulative File