



USD 464 TONGANOXIE

SECTION 504 ACCOMMODATION PLAN

Student Name: _____ Today's Date: _____

School Attending _____ Grade _____ DOB _____

1. Specific accommodations and the staff who are responsible for implementing them:

Accommodation	Person Responsible

2. Student responsibilities:

3. Parent/guardian responsibilities:

4. Other related services that will be provided to the student and individuals responsible for arranging and/or providing them:

Service	Person Responsible

Provide a copy of this page to all individuals responsible for implementing this plan.

5. Eligibility team signatures:

Name	Title	Date

6. Date for 504 accommodation plan review: _____

The building 504 coordinator or designee will be responsible for scheduling and assembling staff needed to conduct this review.

7. Parent/Guardian statements:

_____ I received a written notice of my rights under Section 504.

_____ I received notice of the Section 504 evaluation and accommodation plan meeting.

_____ I agree with the Section 504 plan as written.

_____ I understand that, if I disagree with the content of this plan, I have the right to ask for a Section 504 review meeting by filing a written request with the school principal, building 504 coordinator or designee.

Parent/guardian signature

Date

Parent/guardian signature

Date

- **File this original 504 Accommodation Plan in the student’s cumulative file.**
- **If this plan is no longer needed by the student it must be officially terminated by a 504-evaluation committee.**
- **Have the committee convene, complete a Report of Staffing/Program Review/ Termination of Section 504 Form and attach the completed form to the front of this Section 504 Accommodation Plan.**
- **Terminated 504 Accommodation Plans are filed in the student’s cumulative file.**