Appendix 3E: 504 Outline

STUDENT ACCOMMODATION PLAN Period From _____To _____ Review date _____	**SECTION 504** **ACCOMMODATION PLAN**
Name _____Birthdate _____ School _____Grade _____ Date of Plan Meeting _____	
Describe the nature of the concern which results in an unequal educational opportunity due to a handicapping condition:	
Describe the basis for determination of a handicapping condition:	
Describe the reasonable accommodations that are necessary and agreeable to the district:	
Participants Name _____ _____ _____ _____	Title _____ _____ _____ _____