

[REDACTED]

ACCOMODATION PLAN (FORM B Continued)
SECTION 504 OF THE REHABILITATION ACT OF 1973

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Name of Student [REDACTED]

Student ID# [REDACTED]

Section 504 Accommodations in Regular Education Programs:

<u>Date of Accommodation Parties</u>	<u>Accommodation</u>	<u>Location</u>	<u>Responsible</u>
• Ongoing	Refer to health care plan		
• Ongoing	Notify parents of significant illnesses within the classroom.	Classroom	Teacher
• Ongoing	Preferential seating at the end of the row close to an opened door or window	Classroom	Teacher
• Ongoing	Classroom doors and windows to be kept open as much as possible.	Classroom	Teacher
• Ongoing	Allow [REDACTED] to use the restroom as needed.	Classroom	Teacher
• Ongoing	Allow [REDACTED] to wipe down his desk with wipes. (Provided by the family).	Classroom	Teacher
• Ongoing	[REDACTED] will complete medical PE independently at home. His parents will sign that he has completed an average of 40 minutes daily. A log can be turned in to Mrs. [REDACTED]	Home	Parents
• Ongoing	Allow [REDACTED] the use of a notecard to write down formulas for a test or quiz. [REDACTED] will Get the card approved by the teacher the day prior to the test/quiz	Classroom	Teacher
• Ongoing	[REDACTED] will test in the counseling when he uses a notecard, or as requested by [REDACTED] other times.	Classroom	Teacher
• Ongoing	If [REDACTED] is experiencing distraction when the class is taking a quiz/test, [REDACTED] will be allowed to reschedule to	Classroom	Teacher

take the test at a later date. He will
arrange this with the teacher. Teacher
will check in with [redacted] prior to the test
if it seems [redacted] is distracted.

- Ongoing

Allow [redacted] to eat or drink in
if needed.

Classroom

Teacher

Names and Signatures of the Section 504 Team:

[redacted] 3/1/18
Print Name/ 504 Coordinator Signature Date

[redacted]
Print Name/ Parent Signature Date

[redacted] 3/1/18
Print Name/ Teacher Signature Date

[redacted]
Print Name/ Teacher Signature Date

[redacted] 3/1/18
Other Date

Other Date