

**Craig City School District Community School District  
SECTION 504 ACCOMMODATION PLAN**

**Student:** \_\_\_\_\_

**DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**School:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Conference Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Review Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

---

---

**This student has been found to be Section 504 eligible and requires the following accommodations based on evaluation information from a variety of sources that is documented on the Notice of Eligibility.**

---

---

|   |
|---|
| <b>Area of Concern:</b>                 |
| <b>Accommodation:</b>                   |
| <b>Modifications:</b><br>____/____/____ |

|   |
|---|
| <b>Area of Concern:</b>                 |
| <b>Accommodation:</b>                   |
| <b>Modifications:</b><br>____/____/____ |

|   |
|---|
| <b>Area of Concern: I</b>               |
| <b>Accommodation:</b>                   |
| <b>Modifications:</b><br>____/____/____ |

Student name: \_\_\_\_\_

School: 1

| <b>Team Signatures</b> | <b>Date</b>    | <b>Position</b> |
|------------------------|----------------|-----------------|
| _____                  | ____/____/____ | _____           |
| _____                  | ____/____/____ | _____           |
| _____                  | ____/____/____ | _____           |
| _____                  | ____/____/____ | _____           |
| _____                  | ____/____/____ | _____           |
| _____                  | ____/____/____ | _____           |
| _____                  | ____/____/____ | _____           |

**Parent Notice**

---

**I participated in the development of this 504 Plan and have received a copy of the *Parent's Notice of Section 504 Rights.***

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**

**Copies:** Parent, Teachers, Section 504 Folder, Section 504 Coordinator

**SECTION 504 ANNUAL REVIEW**

**Student name:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Review Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

- 1. No modifications needed – continue with plans as written.
- 2. Adjustments needed. See Accommodations page for modifications.
- 3. New plan to be written.
- 4. Plan discontinued because:
  - a. Student is no longer substantially limited.
  - b. Student meets IDEA eligibility requirements and will have an IEP.

**Team Agreement:**

\_\_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_  
Initial/date    Initial/date    Initial/date    Initial/date    Initial/date    Parents  
Initial/date\*\*

|  |
|--|
| <b>Review Date:</b> ____/____/____   |
| <input type="checkbox"/> 1. No modifications needed – continue with plan as written.   |
| <input type="checkbox"/> 2. Adjustments needed. See Accommodations page for modifications.   |
| <input type="checkbox"/> 3. New plan to be written   |
| <input type="checkbox"/> 4. Plan discontinued because: <ul style="list-style-type: none"><li><input type="checkbox"/> a. Student is no longer substantially limited.</li><li><input type="checkbox"/> b. Student meets IDEA eligibility requirements and will have an IEP.</li></ul> |
| <b>Team Agreement:</b>   |
| _____/____/____    ____/____/____    ____/____/____    ____/____/____    ____/____/____    ____/____/____<br>Initial/date    Initial/date    Initial/date    Initial/date    Initial/date    Parents<br>Initial/date**   |

\*\*I participated in the development of this plan and have received a copy of the  
*Parent's Notice of Section 504 Rights*

**Copies:** Parent, Teachers, Section 504 Folder, Section 504 Coordinator