**Student Accommodation Plan (If Needed)**

Student’s Name:      Date of Birth:

Parent’s Name:       School:

Address:      Date Plan Developed:

 Date Plan Updated:

Phone:

Disability (as identified by the Section 504 committee):

I. Accommodations necessary for the student to access educational programs and activities:

 A. Academics

|  |  |
| --- | --- |
| Need(as determined through evaluation information)      | Accommodation necessaryto meet need      |

B. Non-Academics/Extracurricular

|  |  |
| --- | --- |
| Need(as determined through evaluation information)      | Accommodation necessaryto meet need      |