



Student Support Services
Section 504 Accommodation Plan

Student Name: _____ Beginning Date: _____ End Date: _____

Student#: _____ School: _____ Grade: _____

Date of Birth: _____ Sex: _____ Race: _____ Primary Language at Home _____

In accordance with Section 504, the school will make reasonable accommodations to address the student's individual needs as related to the identified disability by:

I. Physical Arrangement of Room:

- 1. Preferential seating: _____
- 2. Avoiding distracting stimuli (air conditioner, high traffic area, etc.)
- 3. Increasing the distance between the desks
- 4. Additional accommodations: _____

II. Lesson Presentation:

- 5. Writing key points on the board
- 6. Providing visual aids
- 7. Making sure directions are understood
- 8. Including a variety of activities during each lesson
- 9. Breaking longer presentations into shorter segments
- 10. Providing written outlines
- 11. Allowing students to tape/electronically record lessons
- 12. Having student review key points orally
- 13. Teaching through multi-sensory modes
- 14. Using computer-assisted instruction
- 15. Additional accommodations: _____

III. Assignment/Worksheets:

- 16. Giving extra time to complete tasks:
 - additional minutes as determined by teacher time
 - 50%
 - time +100%
 - Other: _____
- 17. Simplifying complex directions
- 18. Handing worksheets out one at a time
- 19. Requiring fewer correct responses to achieve grade
- 20. Allowing student to electronically record assignments/homework
- 21. Providing classroom learning strategies
- 22. Shortening assignments; breaking work into smaller segments
- 23. Allowing typewritten or computer printed assignments or electronic submission of work
- 24. Using self-monitoring devices (i.e., timer/checklist)

- 25. Reducing homework
- 26. Not grading handwriting/spelling
- 27. Additional accommodations: _____

IV. Test Taking:

- 28. Allow frequent breaks
- 29. Allow oral response to test items
- 30. Giving frequent short quizzes, not long exams
- 31. Repeat/clarify directions
- 32. Oral presentation of direction, test items and answer choices to student as allowed
- 33. Allowing extra time to learn:
 - additional time determined by teacher
 - +50% time
 - +100% time
- 34. Additional accommodations: _____

V. Organization:

- 35. Allowing student to have an extra set of books at home
- 36. Sending daily/weekly progress reports home
- 37. Developing a reward system for in-school work and homework completion
- 38. Providing student with a homework assignment notebook or check sheet
- 39. Additional accommodations: _____

VI. Behaviors:

- 40. Praising specific behaviors
- 41. Using self-monitoring strategies
- 42. Giving extra privileges and rewards for positive behaviors
- 43. Keeping classroom rules simple and clear
- 44. Making “prudent use” of negative consequences
- 45. Allowing for short breaks between assignments
- 46. Cueing student to stay on task (nonverbal signal)
- 47. Marking student’s correct answers, not his/her mistakes
- 48. Implementing an individual behavior management plan
- 49. Allowing student time out of seat to run errands, etc.
- 50. Ignoring inappropriate behaviors not drastically outside classroom limits
- 51. Allowing legitimate movement
- 52. Contracting with the student
- 53. Increasing the immediacy of rewards
- 54. Additional accommodations: _____

VII. Special Considerations:

- 55. Monitoring student closely on field trip
- 56. Educating teacher(s) on child’s disability
- 57. Developing intervention strategies for transitional periods (e.g., cafeteria, physical education, etc.)
- 58. Adapted student schedule: _____
(i.e., extra time between classes, no academics 1st period)
- 59. Alerting bus driver

- 60. Providing group/individual counseling
- 61. Additional accommodations: _____

Discipline (Check one):

To comply with the Student Code of Conduct this student needs special assistance. Yes No

Medication:

Name of Physician: _____ Phone: _____

Medication(s):

Schedule:

Administered by: _____

Other Medical Considerations/Monitoring Plan:

Nursing Care Plan Attached: Yes No

Comments/Notes:

Section 504 Committee Signatures:

Parent/Guardian

Student

Parent/Guardian

Administrator

Classroom Teacher

School Counselor

Classroom Teacher

School Psychologist

School Nurse

Other