

## KPBSD 504 Student Accommodation Plan

**Student ID:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Meeting Date:** \_\_\_\_\_  
**Birthdate:** \_\_\_\_\_ **Review Date:** \_\_\_\_\_  
**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**1. The data gathered to assess the student's eligibility included:**

(List the sources of evaluation information from the Eligibility Determination page and who performed each or gathered the data)

**2. Summarize the data gathered:**

(Briefly describe the results of the team's evaluation)

**3. Mental or physical condition substantially limiting or impairing student's functioning:**

(List each condition identified which substantially impacts student's school functioning)

**4. Major life activities at school impaired or substantially limited by the condition:**

(List the activities checked for item #2 of the Eligibility Determination form)

**5. Specific limitations requiring accommodations:**

(List one activity entered under #4 above for each of the boxes; include any additional limitations as well)

**5. Reasonable accommodations corresponding to limitations:**

(List specific accommodations or interventions that will be used to address each limitation or activity)


I have participated in designing this Accommodation Plan for \_\_\_\_\_ to address the educationally relevant impairment(s) associated with the qualifying disability under Section 504.

<u>Participant's Name</u>	<u>Title</u>	<u>Participant's Signature</u>

**Parent provided a copy of the Section 504 Parental Rights**