

HADDON HEIGHTS SCHOOL DISTRICT

504 ACCOMMODATION PLAN

Plan Type: Initial Re-evaluation: School Year: _____

STUDENT: _____ GRADE: _____

SCHOOL: _____ TEACHER: _____

BIRTHDATE: _____ PHONE: _____

PARENT/GUARDIANS: _____

ADDRESS: _____

DATE OF MEETING: _____

**The following accommodations are recommended as necessary to provide this child
With opportunities commensurate with non-disabled peers:**

PHYSICAL ARRANGEMENT OF ROOM:

PRESENTATION OF SUBJECT MATTER:

MATERIALS:

ASSIGNMENTS:

TESTING ACCOMMODATIONS:

OTHER ACCOMMODATIONS AND/OR SERVICES:

STUDENT RESPONSIBILITY:

PARENT RESPONSIBILITY:

Case Monitor: _____

Implementation Date: _____ Review/Assessment Date: _____

Student's Name: _____ School: _____

Team Signatures	Date ____/____/____	Title	Agree	Disagree*
_____		504 Case Manager	<input type="checkbox"/>	<input type="checkbox"/>
_____		School Counselor	<input type="checkbox"/>	<input type="checkbox"/>
_____		Principal/Asst. Principal	<input type="checkbox"/>	<input type="checkbox"/>
_____		Classroom Teacher	<input type="checkbox"/>	<input type="checkbox"/>
_____		Child Study Team Rep	<input type="checkbox"/>	<input type="checkbox"/>
_____		Nurse	<input type="checkbox"/>	<input type="checkbox"/>
_____		Teacher	<input type="checkbox"/>	<input type="checkbox"/>
_____		Teacher	<input type="checkbox"/>	<input type="checkbox"/>
_____		Parent	<input type="checkbox"/>	<input type="checkbox"/>
_____		Parent	<input type="checkbox"/>	<input type="checkbox"/>
_____		Other	<input type="checkbox"/>	<input type="checkbox"/>
_____		Other	<input type="checkbox"/>	<input type="checkbox"/>

* Attach a statement of dissent

Parent/Guardian Acknowledgement:

- I have been given the opportunity to participate in the development of the 504-accommodation plan.
- I understand the contents and reasons for the program recommended and have received an explanation in writing.
- I have been informed of my rights and options under Section 504.
- I agree to the implementation of the proposed program.

Parent/Guardian Signature

Date

cc: Student's Cumulative File
Parent
Teachers
504 Folder