

Section 504 Student Accommodation Plan

Student:

Parent(s):

Grade:

Address:

School:

Phone:

Describe the nature of the concern

Identify the documentation that was used to determine a disability

Describe how the disability affects a major life activity

Describe the reasonable accommodations that are necessary

Programs/Supports offered to all general education students at Willow River High School.

The following members of Section 504 Committee agree with the recommendations starting xxx and ending with xxxx a reevaluation before XXXX

Committee Members

Signature

, Parent

, Parent

, Teacher

, Principal

, Counselor

Cc: Student File
Parents
504 Coordinator
Participating Staff