

**SECTION 504
ELIGIBILITY AND STUDENT ACCOMMODATION PLAN**

Student: _____ Date: _____

School: _____ DOB: _____

Review Date: _____ Case Manager: _____

Part 1: Justification for Services

1. Does the student have a physical or mental impairment which substantially limits one or more of his/her major life activities?

YES _____ NO _____

_____ caring for one's self
_____ performing manual tasks
_____ walking
_____ seeing
_____ breathing

_____ hearing
_____ speaking
_____ working
_____ learning

Is the student disabled under Section 504?

YES _____ NO _____

2. Briefly document the basis for determining the disability:

3. Describe areas of need and action to be taken:

SECTION 504

Area of Difficulty: _____

Accommodations: _____

Evaluation: _____

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Evaluation: _____

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Accommodations: _____

Evaluation: _____

Area of Difficulty: _____

Accommodations: _____

Evaluation: _____

Principal/Date

Parent/Date