

**504 ACCOMMODATION PLAN**  
**WEBSTER COUNTY SCHOOL DISTRICT**

STUDENT'S NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

DATE OF PLAN: \_\_\_\_\_ PERSON WRITING PLAN: \_\_\_\_\_

The 504 eligible student requires the following accommodations:

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\*\* See Attached MAP, MAP-A, MST2 Allowable Accommodations Form (if applicable).

The above accommodations are needed: \_\_\_\_ daily; \_\_\_\_ weekly; \_\_\_\_ other (explain).

This plan will be monitored by: \_\_\_\_\_

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This plan will be monitored: \_\_\_\_ daily; \_\_\_\_ weekly; \_\_\_\_ other (explain).  
(Appropriate monitoring documentation should be attached.)

This plan should be revised: \_\_\_\_ one year from today's date; \_\_\_\_ beginning of next school year; \_\_\_\_ other (explain).

- Attach a copy of all information provided by the school and the parent to this document.

## Documentation of Participation in 504 Eligibility/Placement Meeting

The following individuals participated in the determination of eligibility and placement for:

Name	Position

Date of Meeting: \_\_\_\_\_

My rights and those of my child regarding procedural safeguards have been fully explained;

\_\_\_\_ I understand that my child has a disability under Section 504 of the Rehabilitation Act of 1973; and I hereby give consent for my child to receive special accommodations and/or related aids based on his/her Section 504 Accommodation Plan.

\_\_\_\_ I understand that my child does not qualify for services under Section 504.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Copy of 504 Accommodation Plan provided to the Parent(s)

\_\_\_\_ Copy of suggested strategies for school and/or home provided to the parent if student is not eligible for services and if strategies are needed.

\_\_\_\_ Copy of medical reports from physicians indicating the disability if a comprehensive evaluation was not conducted.

