

KENTUCKY PUBLIC SCHOOL DISTRICT SECTION 504 STUDENT ACCOMMODATION PLAN

Today's Date:

Student's Name:

Date of Birth:

Age:

Sex:

School:

Grade:

Next Scheduled Review Date:

School-related area(s) of substantial limit:

Accommodation(s):

Setting:

Starting Date:

Implementer(s) (By Title):

Effectiveness/Progress (as applicable):

Status:

- No accommodations currently needed.
- 504 Team members were told to bring any new suspected need to the 504 Team.

504 Team Chair

Date