

**Eastmont School District  
Section 504: Accommodation Plan**

Student Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**1. Specific accommodations and the staff who are responsible for implementing them:**

**2. Student responsibilities:**

**3. Parent / guardian responsibilities:**

**4. Other accommodations and related services that will be provided to the student and individuals for arranging and / or providing them:**

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**5. Eligibility team signatures:**

Name	Signature	Title	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**6. Duration of Accommodation Plan:**

Anticipated Duration of Accommodation Plan: From \_\_\_\_\_ to \_\_\_\_\_

Next review/Reassessment Meeting Scheduled for: \_\_\_\_\_

**\*\* The 504-site coordinator will be responsible for scheduling this review.**

**7. Parent / Guardian statements (Please Initial):**

\_\_\_\_\_ I received a copy of Parent/Student Rights under Section 504.

\_\_\_\_\_ I agree with the Section 504 plan as written

\_\_\_\_\_ I understand that if I disagree with this plan, I have the right to file a complaint and/or ask for a 504-review meeting by filing a written request with the 504-site coordinator.

\_\_\_\_\_  
Parent/ guardian Date

\_\_\_\_\_  
Parent/ guardian Date

**For District Use:**

- \* **File this original 504 Accommodation Plan in the student's cumulative file.**
- \* **Provide/send a copy of this report to the student's parent(s)/guardian(s).**
- \* **Send a copy of the Accommodation Plan to the District 504 Coordinator.**
- \* **If this plan is no longer needed, conduct a reevaluation, convene a 504 meeting, and complete a Section 504 Plan Termination Form.**