

**Section 504 of the Rehabilitation Act of 1973
Putnam County Schools
Student Accommodation Plan**

MEETING DATE: _____

STUDENT: _____ BIRTHDATE: _____ GRADE: _____

SCHOOL DISTRICT: _____ TEACHER: _____

PARENTS: _____

1. Describe the nature of the concern:

2. Describe the basis for the determination of this student's physical or mental impairment:

3. Describe how the impairment substantially affects a major life activity:

4. Describe the accommodations/services that are necessary, and persons responsible for their implementation:

5. Does this student need a behavior or medical emergency plan? No Yes, see plan in student file

The team will meet to review and make any necessary adjustments to this plan in _____

Participants (Name and Title)

I (We) have reviewed the accommodation services plan and

_____ accept the recommendations _____ do not accept the recommendations

Parent's Signature

Date

cc: Student's Cumulative File