

LA GRANDE SCHOOL DISTRICT
SECTION 504 ACCOMMODATION PLAN

Original date _____

Student Name:

Birth Date:

School:

Grade/Class of:

Parent/Guardian:

**Phone Numbers:
(and email)**

Address:

Emergency Contact:

Date of eligibility:

Date of Accommodation Plan:

Due Date of Annual Review:

Due Date of 3 Year Reevaluation:

Specify the mental or physical impairment that substantially limits one or more major life activities:

Check the major life activity(ies) that is affected (without mitigating measures, except for contacts or eyeglasses):

- writing speaking hearing seeing learning reading
 walking breathing self care socializing communicating
 concentrating attending school manual tasks

Specify other:

Is there a physician's order for accommodations? Yes No *If YES attach copy.*

Is there other documentation showing need for accommodations? Yes No
If YES describe and attach copy.

Is this condition **permanent** or **temporary? If temporary, estimate length of time accommodation is needed:**

This student is eligible for Section 504 Accommodations:

YES

NO

Accommodation	Responsibility	Location

504 Team Members: (Parent, Administrator, Building Coordinator, Student)

Print Name and Title	Signature	Date

1. This "impairment" must be "in" the student, not just in his or her environment. It may be a temporary or permanent condition that causes a substantial limitation to a major life activity.
2. Major life activities are defined as activities such as walking, seeing, hearing, breathing, learning, working, attending school, socializing, etc. A substantial limitation on that activity is a limitation that requires accommodations if the activity is to be performed as well as a non-disabled student.
3. Reasonable accommodations are those that are intended to make the education program, service, etc., as effective as those services provided for non-disabled students and do not require undo administration or financial burdens.