

**504 ACCOMMODATIONS PLAN FORM**

Student:

Date of Birth:

School:

Grade:

Type of Plan:

Initial Plan

Reviewed/Revised Plan

Date:

Disability:

Major Life Activity(ies) Substantially Limited:

**Considerations  
for Settings**

**Accommodations/Services Necessary for Providing FAPE & Non-discrimination**

Health Concerns

Non-discrimination  
Concerns

Academic Settings

Non-Academic  
Settings:

Facilities:

Transportation:

Extra-curricular  
Activities: