CODE: JBAA-Form 504-03 ADOPTED: 01/11/10

REVISED: REVIEWED:

## **Section 504 Accommodation Plan**

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Student Name		Date of Birth
Date:	School & Grade:	
Parents/Guardians:		Phone
Parents/Guardians Address:		
Start Date:	Review	w Date:
based solely on their handicap. Section equal opportunity to receive program be presentation to meet the unique needs o not altering course content or lowering	504 specifically forbids exception of the student's disabling concacademic standards. The cap directly affected by the teac	protects qualified individuals from discrimination luding or denying individuals with handicaps any requires that an instructor adapt the course dition. The key is accommodating the disability, pacity of a student with a disability to participate hing environment. Most necessary modifications all students.
Qualifying Disabilities/Documentation	1:	
Presenting Issues and Relevant Inform	ation:	
Educational Accommodations:		
Student Responsibilities:		
Parent Responsibilities:		
Parent/Guardian Signature		Date
Student Signature		Date
Counselor Signature		Date
Administrator Signature		Date