

**504 Accommodation Plan - Elementary**☐ Medical (Nurse Care Plan Attached) ☐ Psychological ☐ Section 504 Diabetes Plan (attached)

Complete this form at an appropriate 504 multi-disciplinary team meeting. Parent/guardian(s) must be notified.

NAME (first, middle, last)	ID NUMBER	BIRTHDATE / /	CURRENT DATE / /
SCHOOL	GRADE	PARENT/GUARDIAN(S) NAME	

504 documented disability(ies) \_\_\_\_\_

Indicate the duration of this plan if the impairment is temporary (less than six (6) months).

Beginning date: \_\_\_\_\_

Ending date: \_\_\_\_\_

**Physical Arrangement of Room**

- ☐ Seat student near teacher(s)
- ☐ Seat student near positive role model
- ☐ Increase distance between desks

☐ Place student in area of room with least distractions☐ Additional interventions:  
\_\_\_\_\_  
\_\_\_\_\_**Lesson Presentations**

- ☐ Give student outline prior to lesson
- ☐ Teacher directed taping lessons/lectures
- ☐ Allow student to copy another student's notes
- ☐ Provide a peer note taker (carbon paper)
- ☐ Use computer assisted instruction
- ☐ Independent study experiences
- ☐ Cue the student to stay on task
- ☐ In service teacher(s) on child handicap
- ☐ Write key points of lesson on board

☐ Check for comprehension of lesson directions☐ Provide variety of presentation☐ Handouts to emphasize major points☐ Peer tutoring/cooperative learning☐ Break long presentations into short segments☐ Teacher(s) to stand near student when giving directions☐ Additional Interventions/Remediation Strategy(ies):  
\_\_\_\_\_  
\_\_\_\_\_**Assignments, Worksheets**

- ☐ Check comprehension of directions before beginning task
- ☐ Write assignments on board or paper for student
- ☐ Require fewer correct responses to achieve mastery
- ☐ Reduce homework assignments
- ☐ Allow typewritten or computer generated assignments
- ☐ Reduce the length of the regular assignment
- ☐ Break large assignment into series of smaller assignments

☐ Allow student to tape record assignments/homework☐ Mark student's correct answers, not mistakes☐ Arrange for short breaks between assignments☐ Allow \_\_\_\_ days - more time for regular assignments☐ Additional Interventions/ ☐ Remediation Strategy(ies):  
\_\_\_\_\_  
\_\_\_\_\_**Classroom Test Taking**

- ☐ Allow open book exams
- ☐ Extended time for classroom based tests
  - ☐ Additional minutes as determined by teacher(s)
    - ☐ 25% ☐ 50% ☐ 100%
- ☐ Give exam orally

☐ Read test item to student☐ Give frequent short quizzes, not long exams☐ Additional Interventions:  
\_\_\_\_\_  
\_\_\_\_\_**Standardized Test Taking**

NAME OF TEST	SUBJECT(S) ex: MATH, READ	MODIFICATION(S)

**Special Considerations/In-service on Student's Disability(ies) to Include:**

- |                                                                           |                                                  |                                           |
|---------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Staff / Teacher(s) / Substitute / Administration | <input type="checkbox"/> Bus Driver/Bus Aide     | <input type="checkbox"/> After Care Staff |
| <input type="checkbox"/> Paraprofessional(s)                              | <input type="checkbox"/> School Resource Officer | <input type="checkbox"/> Other (specify)  |
| <input type="checkbox"/> Cafeteria Staff                                  | <input type="checkbox"/> Student's Counselor     |                                           |

**Management** - The following intervention(s) target only behaviors caused by the disability of record. Behaviors not caused by the disability of record are handled in the same manner as any similarly non-disabled students. A manifestation of disability can be determined only by the same type of team that determines eligibility under Section 504.

- |                                                                                                  |                                                                              |
|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Behavior contract                                                       | <input type="checkbox"/> Develop individual behavior management system       |
| <input type="checkbox"/> Implement time-out procedures when appropriate                          | <input type="checkbox"/> Award extra privileges for positive behavior        |
| <input type="checkbox"/> Praise targeted behaviors which are improved                            | <input type="checkbox"/> Make consequences or rewards immediate              |
| <input type="checkbox"/> Ignore inappropriate behaviors not drastically outside classroom limits | <input type="checkbox"/> Allow student time out of seat to run errands, etc. |
| <input type="checkbox"/> Individual Behavior Plan Written (see attached)                         | <input type="checkbox"/> Additional Interventions:                           |

**Home/School Partnership**

- |                                                                                  |                                                                  |
|----------------------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Collaboration between parent/guardian(s) and teacher(s) | <input type="checkbox"/> Positive feedback to parent/guardian(s) |
| <input type="checkbox"/> Use of daily or weekly school report(s)                 | <input type="checkbox"/> Additional Interventions:               |

**Medication/Medical Information**

NAME OF PHYSICIAN	TELEPHONE NUMBER ( ) -	PARENT'S TELEPHONE NUMBER ( ) -
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Medications

Scheduled Treatment

☐ Refer to care plan attached

Administered By : \_\_\_\_\_

Monitored: ☐ Daily ☐ Weekly ☐ As Needed Basis

Comments (Further information on treatment, emergency plan, or see attached care plan)

**Monitoring** - Progress reports, grade cards, and EDW reports should be used to monitor the success of the 504 Plan. Place copies of the above in the student's 504 file. If the progress reports, grade cards, etc. indicate that the student is unsuccessful, or there is documentation of an additional disability, or retention is being considered, the parent/guardian(s) must be notified and the team must review the 504 plan and update with the intent to increase the opportunity for success.

**REVIEW** - All plans are reviewed annually unless checked otherwise: \_\_\_\_\_ Weeks \_\_\_\_\_ Months \_\_\_\_\_ Trimester

**Your child may be eligible to participate in the John M. McKay Scholarship Program for Students with Disabilities, a parental choice program offering both private and public school choice options. For additional information, visit the Florida Department of Education website at: [www.floridaschoolchoice.org](http://www.floridaschoolchoice.org) or call 1-800-447-1636. You may also call the local McKay Contact at (561) 434-8626 or visit the District ESE website at: [www.palmbeachschools.org/ease](http://www.palmbeachschools.org/ease).**

**People Involved in Development of This Plan** (Must be signed by parent/guardian(s) and teachers)

PARENT/GUARDIAN	DATE	PSYCHOLOGIST	DATE	TEACHER	DATE
PARENT/GUARDIAN	DATE	STUDENT	DATE	TEACHER	DATE
504 DESIGNEE /COUNSELOR	DATE	ADMINISTRATOR	DATE	OTHER	DATE