Section 504 Accommodation Action Plan

Student Name: _____
School: _____

Student Goal: _____
Case Manager: _____

Date/Grade	Interventions and/or Accommodations to be Implemented	Person(s) Responsible	Support Needed (if any)	Review Status (check one)		
				Revise	Maintain	Close
Communicate plan to all involved parties including parents						
Plan for review session with documentation						

Review Date:

_____
Principal Signature Date

_____
Parent(s) Signature