

**ST. CLOUD AREA
SCHOOL DISTRICT 742**

**SECTION 504/ADA
STUDENT ACCOMMODATION PLAN**

Name: _____ Birthdate: _____ School: _____ Grade: _____

Date of Meeting: _____ Review Date: _____ Reassessment Date: _____ 504 Plan Manager: _____

Disabling Condition:

Area of Difficulty	Accommodations	Person(s) Responsible	Outcomes (Anticipated/Observed)	Date Reviewed

504 Team:

Name

Title

I have participated in the development of this plan, agree with its contents, and I have received a copy of Parent and Student Rights Under Section 504, The Rehabilitation Act of 1973.

Parent Signature _____

Date _____

ENCLOSED: SECTION 504/ADA PARENT/STUDENT RIGHTS IN IDENTIFICATION, EVALUATION AND PLACEMENT

C: Student's File
Parent
Dist. 504 Liaison