



LONGVIEW INDEPENDENT SCHOOL DISTRICT

Section 504 Accommodation Plan
Form 11, page 1 of 4

Section 504 Student Accommodation Plan

[Please Note: If the student's placement is General Education Homebound, services for the student should be documented on Form 14. This form is not to be used for General Education Homebound.]

Date:

Student Name:	Date of Birth:
Student ID:	Phone:
School:	Grade:

Type of meeting generating initial plan or changes to 504 plan	
	Initial Evaluation
	Annual Review
	Failure or Discipline Review
	Three Year Reevaluation
	Other:

Certificate of Plan Distribution (Please indicate date distributed to parent and each person responsible for plan implementation, or N/A as appropriate)			
Date	Person Responsible	Date	Person Responsible
	Parent/Adult Student		Administrator
	English/Language Arts teacher		Counselor
	Math teacher		Other:
	Science teacher		Other:
	Social Studies teacher		Other:
	PE teacher		Other:
	Fine Arts teacher		Other:
	Vocational teacher		Other:
Signature of 504 Coordinator or other person verifying delivery of plan:			

Matching of Need and Accommodations. Please use the following tool to ensure that each of the student's needs identified in the evaluation are addressed in the accommodation plan. (Attach additional pages where necessary).	
Each student need identified by the evaluation	Accommodation(s) designed to address the need
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

Student Name:				Student ID:			
Campus:				Grade:			
Accommodation Plan Begins:				Accommodation Plan Ends:			
Each teacher/employee who serves this student shall review and implement these accommodations under the supervision of the designated administrator or campus §504 coordinator. For questions or concerns about the §504 plan, contact _____.							
Required Accommodations (by class) While checklist accommodations are convenient, they are also subject to confusion. Use the notes page to ensure appropriate understanding and implementation. Note also that the following items are not the only accommodations available under §504.				List classes from student's schedule and indicate accommodations required for each class.			
1. Oral Testing							
2. Other Testing Accommodation							
3. Taped Texts							
4. Highlighted Textbooks							
5. Taped lecture							
6. Note-taking assistance							
7. Extended Time (by %)							
8. Shortened Assignment							
9. Peer assistance/tutoring							
10. Reduced paper/pencil tasks							
11. Use of calculator							
12. Preferential seating							
13. Assignment notebook							
14. Organizational strategies							
15. Re-teach difficult concepts							
16. Use of manipulatives							
17. Team teaching							
18. Supplemental materials							
19. Cooling-off period							
20. Progress reports (frequency?)							
21.							
22.							
23.							
24.							
25.							
Regular Discipline? Yes ___ No ___ [If no, behavior plan (page 3) must be completed and attached]							
Texas Dyslexia Services (Form 13): ___ hours per week of dyslexia program services. TAKS Bundle? Yes No							
Related Services (provide detail on information and notes page)							
Tutorials				Transportation			
Counseling				Other			
General Education Homebound (Form 14) ___ hours of homebound instruction per week pursuant Form 13							
THIS PLAN IS CONFIDENTIAL and should only be made available to individuals with a legitimate educational interest or as otherwise allowed by FERPA.							

Section 504 Behavior Intervention Plan

[This form must be used when the §504 Committee determines that regular discipline is inappropriate.]

Student Name:		Student ID:	
School:			
Date of Plan:			
Please list below each behavior, reinforcement, consequence and person responsible for administering the reinforcement or consequence. Appropriate intervention is based on assessment data, discipline history, social history, parent reports and other data.			
Behaviors targeted for intervention:			
Please select or add the appropriate behavior interventions for this student. Please use the notes and information page to explain choices and to ensure compliance.			
<input type="checkbox"/>	Clearly defined limits	<input type="checkbox"/>	Journal of daily behaviors
<input type="checkbox"/>	Frequent reminder of rules	<input type="checkbox"/>	Reinforce appropriate behavior
<input type="checkbox"/>	Reduce distracting stimuli	<input type="checkbox"/>	Supervised unstructured time
<input type="checkbox"/>	Consistent routine	<input type="checkbox"/>	Behavioral contract (attach)
<input type="checkbox"/>	Other	<input type="checkbox"/>	Other
<input type="checkbox"/>		<input type="checkbox"/>	Proximity seating
<input type="checkbox"/>		<input type="checkbox"/>	Cooling off period
<input type="checkbox"/>		<input type="checkbox"/>	Peer intervention
<input type="checkbox"/>		<input type="checkbox"/>	Other
<input type="checkbox"/>		<input type="checkbox"/>	Other
Communicate behavioral progress or status with parents through (check one):			
<input type="checkbox"/>	Weekly tracking form	<input type="checkbox"/>	Notes home
<input type="checkbox"/>	Daily tracking form	<input type="checkbox"/>	Email
<input type="checkbox"/>		<input type="checkbox"/>	Phone call
<input type="checkbox"/>		<input type="checkbox"/>	Parent conference
When a communication other than a tracking form is chosen, describe the frequency of required contact here (when particular behaviors occur, every two weeks, etc).			
When a targeted behavior occurs, the following occurs:			
Targeted Behavior	Reward for desired behavior	Consequence for undesired behavior	Person responsible for Reward or consequence

Section 504 Accommodation Plan Additional Notes and Information Page

While checklist accommodations are convenient, they can also lead to confusion. Please use this page to ensure that the decisions of the Section 504 Committee are clear to school personnel and anyone else who has responsibility to implement the plan or supervise its implementation. For example, where extended time for assignments is checked, indicate the amount of extended time to be provided (by number of minutes or by percentage, for example). Where other testing accommodation is checked, provide detail as to how the test should be adapted or the student's testing experience is to be accommodated.

This page should also be used to explain or provide detail for any other area where the accommodation plan is unclear or subject to confusion.