

Norwalk Public Schools  
125 East Avenue  
P.O. Box 6001  
Norwalk, CT 06852

### SECTION 504 ACCOMMODATION PLAN SAMPLE

STUDENT INFORMATION			
Student:	Date of Birth:	Gender:	Local ID:
Address:	Age:	Instructional Language:	State ID:
	County:	Interpreter Required:	
Contacts:	Home/Mobile #:	Work #:	Email:
School Year:	School:	Case Manager:	Grade:
Plan Start:	Plan End:	Review Date:	Reevaluation Due by:

MEETING INFORMATION	
Meeting Date:	Reason:
Participants:	
Comments:	

INITIAL OR MOST RECENT EVALUATIONS/REPORTS	
<u>Date</u>	<u>Evaluation/Report</u>

DETERMINATION
It has been determined that the student has a physical or mental impairment that substantially limits a major life activity. Identify the physical or mental impairment:
Identify the major life activity affected by this physical or mental impairment:
Describe how this impairment substantially limits a major life activity:

ACCOMMODATIONS AND SUPPORTS

<u>Related Services</u>	<u>Location</u>	<u>Service Implementer</u>	<u>Start and End Dates</u>	<u>Frequency</u>	<u>Period</u>	<u>Duration</u>
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<u>Materials/Books/Equipment</u>	<u>Description</u>					
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<u>Tests/Quizzes/Assessments</u>	<u>Description</u>					
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<u>Grading</u>	<u>Description</u>					
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<u>Organization</u>	<u>Description</u>					
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<u>Environment</u>	<u>Description</u>					
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<u>Behavior Interventions and Support</u>	<u>Description</u>					
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<u>Instructional Strategies</u>	<u>Description</u>					
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<u>Assistive Technology</u>	<u>Description</u>					
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<u>Other</u>	<u>Description</u>					
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<u>Special Transportation</u>						
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**Testing Accommodations**

Indicate any individual testing accommodations in the administration of statewide or district-wide assessments of student achievement needed for the student to participate.

**Subject**

**Accommodations**