***CHERRYFIELD SCHOOL DEPARMENT***

***NEPN/NSBA CODE: IHBA-504-E1***

Date copy mailed to parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 504/ADA ACCOMMODATION PLAN**

Student's Name: Birthdate:

School: Grade:

Date of Meeting: Review Date:

1. Describe the nature of the concern:

2. Describe the basis for the determination of handicap (if any):

3. Describe how the handicap affects a major life activity:

4. Describe the reasonable accommodations that are necessary:

Those present (Name and title):

I hereby acknowledge having been notified of my procedural rights under Section 504/ADA and having agreed to the contents of the plan.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent's Signature Date

cc: Student's Cumulative File

Attachment: Information Regarding Section 504 of the Rehabilitation Act of 1973.

DATE ADOPTED: August 11, 2015

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