

**Section 504 Regular Education  
Intervention and Accommodation Plan**

Student name: Jason Patterson Student #: \_\_\_\_\_ DOB: 2/6/2002 Date: 9/21/2010  
Serving school: \_\_\_\_\_ Teacher: Kate Wheeler Grade: 1 Age: 8 y 7 m  
Parent/Guardian: James Patterson Phone: \_\_\_\_\_  
Case Manager: \_\_\_\_\_ Phone: \_\_\_\_\_  
Disability / Impairment Category:  Permanent or Long-Term  Temporary or Short-Term

A. Described the nature of the impairment/disability:

\_\_\_\_\_  
B. Present levels of student performance (strengths/weaknesses):

\_\_\_\_\_  
C. What does the student do well:

D. Which major life activities are substantially restricted:  
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E. The impairment/disability limits major life activities in the following areas:  
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F. Outline the reasonable accommodations/interventions that are necessary:  
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G. Describe any individual modifications (accommodations) in the administration of state or district wide assessments of student achievement that are needed for the child to participate:  
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H. Program placement and accommodations/interventions must be reviewed on a periodic basis. It is recommended that such be completed annually for permanent or long-term impairments/disabilities and ninety days for those which are temporary or short-term.

The projected review date would be: \_\_\_\_\_

I. Reassessment of student needs and status may need to be reevaluated periodically, if deemed necessary by the 504 team. Such a reassessment must also be completed prior to any significant change in placement.

The projected reassessment date would be: \_\_\_\_\_

Signatures of the 504 Team Participants:

Name	Role	Name	Role
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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This plan was reviewed on: \_\_\_\_\_  
The recommendations from this meeting are as follows:

Signatures of the 504 Team Participants:

Name	Role	Name	Role
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The next projected review date would be: \_\_\_\_\_

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This plan was reviewed on: \_\_\_\_\_  
The recommendations from this meeting are as follows:

Signatures of the 504 Team Participants:

Name	Role	Name	Role
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The next projected review date would be: \_\_\_\_\_