THE SCHOOL DISTRICT OF PALM BEACH COUNTY
DEPARTMENT OF ADULT AND COMMUNITY EDUCATION

Section 504 School Site Accommodation Plan

Name: _____ Date: _____ Student ID#: _____

Date of Birth: _____ School: _____

Program: _____ Instructor: _____

☐ Yes ☐ No 1. Does the student have a physical or mental impairment which substantially limits a major life activity? If YES, describe the limitation(s). _____

☐ Yes ☐ No 2. Is written verification of the disability on file? *If YES to questions 1 and 2, student meets Section 504 eligibility criteria.*

☐ Yes ☐ No 3. Does the student's disability require any instructional accommodations and/or related aids and services in order for the student to benefit from his/her educational experience?

The student's specific needs are:

_____

_____

_____

The following accommodations/strategies may be implemented to meet the student's needs:

Instructional		**Assistive Technology con't**		**Support Services**	
	Oral reading of text		Calculator		Interpreter (hearing impaired/deaf)
	Alternative text (taped, large print, Braille)		Headphones		Note taker
			Furniture adaptations		Peer buddy
	Video, etc.		Computer devices/software		Volunteer/mentor
	Tutoring		Closed captioning		Other
	Study skills		Other		
	Test taking strategies			**Miscellaneous**	
	Flexible setting	**Testing**			State exam assistance
	Preferential seating		Flexible scheduling		Agency referral
	Extended program time		Oral testing		Counseling
	Other		Additional time		Behavior/attendance contract
			Reader		Time Management
Assistive Technology			Audio version		Other
	Tape recorder		Revised format		
	Electronic speller		Flexible response recording		
	Magnifier		Other		

Other accommodations/strategies:

_____

_____

Signatures of Plan Participants:

Signature of Student	*Date*	*Signature of LEA Representative*	*Date*
Signature of Instructor	*Date*	*Signature of Parent/Guardian (if applicable)*	*Date*
Signature of Data Processor	*Date*		