

AMENDMENT TO SECTION 504 ACCOMMODATION PLAN

Student Name: _____ DOB: _____ Date of Meeting _____

Date of current 504 Plan _____

REASON FOR MEETING/AMENDMENT TO 504 PLAN

CHANGE OF ACCOMMODATION: _____
 DISCONTINUING: _____

END DATE: _____

ADDITION: _____

START DATE: _____

COMMENTS:

Parental Approval:

- I have received a copy of Notice of Parent and Student Rights under Section 504. Yes No
- I approve of the change/addition to the 504 Plan. Yes No
- I approve of portions of the 504 Plan - portions with which I disagree are attached.. Yes No

Parent/Guardian Signature: _____ Date: _____

Student Signature (Optional): _____ Date: _____

Administrator/Designee	Date	Speech & Language Pathologist	Date
Special Education Teacher	Date	School Psychologist	Date
General Education Teacher	Date	Additional Participant	Date
Other	Date	Additional Participant	Date
Other	Date	Interpreter	Date

Distribution: Student File Implementor's Copy Parent