

PINELLAS COUNTY SCHOOLS
SECTION 504 OF THE REHABILITATION ACT OF 1973
ACCOMMODATION PLAN

Plan Participants:

Student Name:		Signature/Title:		Signature/Title:	
Date of Birth:	Student Number:	Signature/Title:		Signature/Title:	
School:	Grade:	Signature/Title:		Signature/Title:	
Plan Date:	Review Dates:	Signature/Title:		Signature/Title:	

Area of Difficulty:	Accommodations:	Starting Date:	Person(s) Responsible:	Outcome:

Two copies of this form are required. One is for the parent, and one is to be placed in the student's section 504 folder.