

**Section 504 Student Accommodation Plan**

Student: Matthew Johnson Date of birth: 11/23/1995 Age: 11 yrs - 6 mos Student ID: 123456789

Street address: 123 W. Covina Ave. City: Verde Canyon City Zip: 87000

School of attendance: Liberty Elementary Grade: 06 Current school year: 2006-07

Date plan initiated: 2/2/2007 Date for plan review: 5/2/2007

Qualifying impairment: Attention Deficit Hyperactivity Disorder

Person(s) responsible for plan: General education teacher, parent, student

**ACCOMMODATIONS AND INTERVENTIONS**

**SAMPLE**

**Classroom environment:**

- Assign seat near the front of the room
- Assign seat near the teacher
- Assign seat next to a positive role model
- Assign seat away from distractions
- Reduce/minimize distractions in the room
- Increase the distance between desks
- Provide a specified study area

**Instruction and lesson presentation:**

- Provide a simplified curriculum
- Provide extra practice on lessons
- Provide peer tutoring
- Provide small group instruction
- Provide remedial instruction
- Provide computer-assisted instruction
- Sequential units of instruction
- Exempt student from oral reading
- Provide extra time for processing information
- Vary activities and provide movement opportunities
- Multi-sensory approach and hands on activities
- Give clear and simple oral directions
- Provide written directions on the board/worksheets

**Organization:**

- Post daily schedule and homework assignments
- Use assignment notebook
- Send regular progress reports to parents
- Send home monthly schedule of assignments/tests
- Use private "cue" to student to stay on task
- Ask the student to repeat directions
- Provide lecture guides
- Permit student to tape lectures
- Provide predictable daily structure
- Provide highlighted copies of worksheets/assignments
- Provide adapted worksheets
- Provide study guides
- Provide detailed oral and written instructions
- Repeat instructions on a one-to-one basis
- Provide frequent reminders and prompts

**Testing:**

- Read tests orally to student
- Adapt the format of tests
- Permit notes, study guides or open-book
- Provide untimed tests
- Allow student to respond to tests orally
- Reduce the number of items on tests
- Retake tests/quizzes below specified percentage
- Reduce the reading level on test materials
- Provide tests in a distraction-free area
- Provide extended time for tests
- Use alternative assessments when appropriate

**Materials and equipment:**

- Use audio-visual materials
- Use computer programs
- Provide use of a calculator
- Provide use of a word processor/computer
- Provide a tape recorder
- Use an overhead projector
- Provide video-taped lessons
- Provide multi-sensory manipulatives
- Provide an extra set of texts at home

**Grading:**

- Base grades on work and participation
- No handwriting penalty on written work
- No spelling penalty on written work
- Provide regular grade checks
- Accept printed work
- Provide pass-fail grades

**Assignments:**

- Additional time to complete assignments
- Reduce the quantity of work assigned
- Allow non-written forms for reports and projects
- Offer alternative assignments
- Break long-term assignments into manageable tasks
- Reduce the amount of homework
- Allow computer-printed written assignments

**Other accommodations and interventions:**

PARENT INTERVENTIONS	
<input checked="" type="checkbox"/> Provide a quiet study area for homework <input checked="" type="checkbox"/> Provide frequent breaks from homework <input checked="" type="checkbox"/> Enforce a consistent study time <input type="checkbox"/> Initial assignment notebook daily <input checked="" type="checkbox"/> Initial assignment notebook weekly <input checked="" type="checkbox"/> Call teacher(s) for progress reports	<input checked="" type="checkbox"/> Inform teacher and nurse of medication changes <input checked="" type="checkbox"/> Supply school with needed medication <input type="checkbox"/> Use a behavior contract to improve behavior <input checked="" type="checkbox"/> Provide consequences for missing assignment notebook <input checked="" type="checkbox"/> Provide rewards for appropriate behavior <input checked="" type="checkbox"/> Provide rewards for satisfactory completion of assignments
Other:	

STUDENT RESPONSIBILITIES	
<input checked="" type="checkbox"/> Complete assignment notebook and get teacher(s) initials <input checked="" type="checkbox"/> Come to class with books, pencils, and paper <input checked="" type="checkbox"/> Complete assigned work <input checked="" type="checkbox"/> Take needed materials home to complete work <input type="checkbox"/> Set deadlines for work completion <input type="checkbox"/> Break assignments into smaller parts	<input type="checkbox"/> Prioritize assignments <input checked="" type="checkbox"/> Take prescribed medications <input type="checkbox"/> Request assistance when needed <input checked="" type="checkbox"/> Learn how your condition affects you <input type="checkbox"/> Tell your teacher(s) how to help you <input checked="" type="checkbox"/> Use self-monitoring strategies for behavior control
Other:	

HEALTH AND MEDICAL CONSIDERATIONS		
<input type="radio"/> Yes <input checked="" type="radio"/> No   Is there a health plan? If Yes, attach health plan to this accommodation plan.		
Health/medical interventions:		
<input type="checkbox"/> Provide rest periods	<input type="checkbox"/> Provide wheelchair accommodations	<input type="checkbox"/> Provide instruction re: disabling conditions
<input type="checkbox"/> Address dietary needs	<input type="checkbox"/> Provide late passes for passing periods	<input type="checkbox"/> Provide toileting hygiene accommodations
Other:		

PARTICIPATION IN STATE STANDARDIZED TESTING	
<input type="radio"/> The student is able to take the State assessment under standardized conditions, without any accommodations. <input checked="" type="radio"/> The student is not able to take the State assessment under standardized conditions and is eligible for the following accommodations that are consistent with the instructional accommodations used in the student's educational program:	
<input checked="" type="checkbox"/> Extended testing time (same day) <input checked="" type="checkbox"/> More breaks <input checked="" type="checkbox"/> Administer in several shorter sessions <input checked="" type="checkbox"/> Use separate location, room, or study carrel <input type="checkbox"/> Administer the test in a small group <input type="checkbox"/> One-on-one testing <input type="checkbox"/> Student given preferential seating <input type="checkbox"/> Administer the test under special lighting <input checked="" type="checkbox"/> Student wears noise buffers (after directions) <input type="checkbox"/> Student uses special furniture <input type="checkbox"/> Changes in test presentation <input type="checkbox"/> Familiar test administrator <input checked="" type="checkbox"/> Repeat directions	<input type="checkbox"/> Clarify/simplify language in directions in English <input type="checkbox"/> Read or sign directions <input type="checkbox"/> Exact sign language interpretation of math/writing <input type="checkbox"/> Use amplification equipment <input type="checkbox"/> Use place marker <input type="checkbox"/> Use color overlay <input type="checkbox"/> Use magnification device <input type="checkbox"/> Exact oral translation of directions as requested <input type="checkbox"/> Read items for math or writing in English <input type="checkbox"/> Provide translation dictionary <input type="checkbox"/> Administer large-print edition of test <input type="checkbox"/> Record/dictate responses to scribe - reading/math only <input type="checkbox"/> Answers recorded/typed by student using assistive technology

CONSENT FOR STUDENT ACCOMMODATION PLAN	
I have had the opportunity to participate in the development of this plan, and I have received a copy of my rights under Section 504. I hereby (check one):	
<input type="checkbox"/> <b>give consent</b> for the accommodations and interventions described in this plan.	
<input type="checkbox"/> <b>do not give consent</b> for the accommodations and interventions described in this plan.	
_____ Signature of parent, guardian, or adult student	_____ Date