

Acton /Acton-Boxborough Regional Schools

ADA SECTION 504 / ACCOMMODATION PLAN *

Student's Name: _____ Birthdate: _____ Grade: _____

Parent/Guardian Name: _____

Address: _____ Phone: _____

School: _____ Meeting Date: _____ Review Date: _____

Accommodations and /or related services are specifically necessitated by the student's substantial impairment that substantially limits a major life activity. These accommodations are required for the student to have an opportunity commensurate with his/her non disabled peers in the school district.

1. Specify the mental or physical impairment: _____
(as recognized in DSM-IV or other respected source if not excluded under 504/ADA)
2. Check the major life activity: ___ seeing ___ hearing ___ walking ___ learning
(if "other", specify) _____

REQUIRED ACCOMMODATIONS / SERVICES

c: Student File, Pupil Services File, Principal, Counselor, Counseling Chairperson

* Adapted with permission from Dr. Perry Zirkel.

"Forming A Plan for Sec 504/ADA Eligibility and Accommodation," *The Special Educator*, 1997, 13 (2), 6-10
