

PLYMOUTH COMMUNITY SCHOOL CORPORATION

SECTION 504 EVALUATION SUMMARY/STUDENT ACCOMMODATION PLAN

DATE \_\_\_\_\_

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GRADE \_\_\_\_\_

SCHOOL \_\_\_\_\_ DATE OF MEETING \_\_\_\_\_ REQUESTOR \_\_\_\_\_

Student does not have a disability as defined by Section 504.

DESCRIPTION OF DISABILITY (has physical or mental impairment which substantially limits one or more major life activities, such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, working)

PARTICIPANTS IN THE MEETING (Name and Position or Relationship to student)

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RECOMMENDED ACCOMMODATION

ACCESS TO FACILITY OR PROGRAM

EDUCATIONAL RESTRUCTURING/MODIFICATION

EQUIPMENT/MATERIALS

OTHER

PERSON RESPONSIBLE FOR FIRST-YEAR FOLLOWUP \_\_\_\_\_