

## DoDEA 504 ACCOMMODATION PLAN

SCHOOL: \_\_\_\_\_

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### PRIVACY ACT STATEMENT

**AUTHORITY:** 20 U.S.C. 921-932 and 10 U.S.C. 2164, as amended; E.O. 9387 (SSN) and 13160 (Nondiscrimination); and the Privacy Act of 1974, as amended, 5 U.S.C. 552a.

**PRINCIPAL PURPOSE(S):** The information will be used within the DoD to determine the appropriate accommodations to be made to the educational programming for a particular child to ensure the child receives a free public education.

**ROUTINE USE(S):** Disclosure of information on this form is authorized by 5 U.S.C. 552a(b)(2) within DoD when required to perform an official duty, and outside DoD by 5 U.S.C. 552(b)(3) in accordance with the "Blanket Routine Uses" universally published at <http://www.defenselink.mil/privacy/notice/osd>.

**DISCLOSURE:** Disclosure to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services.

Date: \_\_\_\_\_

Student: \_\_\_\_\_

Grade: \_\_\_\_\_ Subject(s)/Class(es): \_\_\_\_\_

Date of Implementation: \_\_\_\_\_ Review Date: \_\_\_\_\_

Identify the nature of the student's disability(ies) and the major life activity(ies) it limits.

Describe the basis for determining the disability(ies): (medical and/or other pertinent evaluations, (if any)

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Identify area(s) for accommodations(s):

- |   |   |
|---|---|
| <input type="checkbox"/> Classroom/Curriculum Tests     | <input type="checkbox"/> Classroom Assignments        |
| <input type="checkbox"/> Projects                       | <input type="checkbox"/> Homework                     |
| <input type="checkbox"/> Transition Activities          | <input type="checkbox"/> Note taking                  |
| <input type="checkbox"/> Environment                    | <input type="checkbox"/> Education Program/Curriculum |
| <input type="checkbox"/> System-wide Assessment Program | <input type="checkbox"/> Other (specify)              |

Describe the accommodation(s) that will be provided for the student: (attach additional sheets as needed)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Signatures:

Parent/Sponsor/Guardian: \_\_\_\_\_

Student: \_\_\_\_\_

Administrator: \_\_\_\_\_ Counselor: \_\_\_\_\_

Teacher: \_\_\_\_\_ Teacher: \_\_\_\_\_

Designated Monitor: \_\_\_\_\_ Other: \_\_\_\_\_

SUMMARY OF DISCUSSION: (optional)