

*Salt Lake City School District*  
**SECTION 504 ADA ACCOMMODATION PLAN**

Student's name \_\_\_\_\_ Birth date \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Effective dates (*1 year or less, to be reviewed and updated annually*) from: \_\_\_\_\_ to: \_\_\_\_\_

Person preparing this form \_\_\_\_\_

*Procedural Safeguards* distributed to parents.

Identify the student's disability: \_\_\_\_\_

\_\_\_\_\_

Describe the disability's impact on the student's learning: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Determination of eligibility for accommodations under Section 504**

\_\_\_ **NO** The student **does not** have a physical or mental impairment that **substantially** limits one or more major life activities, such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. (**If NO, skip to team signature lines.**)

\_\_\_ **YES** The student **does** have a physical or mental impairment that **substantially** limits one or more major life activities, such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. (**If YES, continue.**)

**List the agreed upon accommodations:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

**Team signatures;** should include administrator/counselor, all teachers, parent/guardian, and student (where applicable). Parent's signature provides permission for above mentioned accommodations. If necessary, use back.

1. Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

2. Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

3. Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

4. Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Please place one copy of this plan in a 504 Liaison's file and send one copy to the 504 office at the SLCSO,  
440 E. 100 S. SLC, UT 84111 Phone 578-8285 Fax 578-8266  
Place the original copy in the student's cumulative folder.