

*Butler School District*  
*Student Services Department*  
*38 Bartholdi Ave*  
*Butler, NJ 07405*

---

## SECTION 504 ACCOMMODATION PLAN

<b>Date:</b>	<b>School Year:</b>	<b>Plan Type:</b> <input type="checkbox"/> Initial <input type="checkbox"/> Continuing
<b>Student Name:</b>	<b>Date of Birth:</b>	<b>Grade:</b>
<b>Parent Name:</b>	<b>School</b>	<b>504 Case Coordinator:</b>
<b>Describe the disability of the concern</b>		
<b>Describe the basis for the determination of the disability (attach):</b> <input type="checkbox"/> Physician's Diagnosis <input type="checkbox"/> Standardized Test Scores <input type="checkbox"/> Teacher Reports/Comments <input type="checkbox"/> Report Card <input type="checkbox"/> Other: _____		
<b>Describe how the disability affects a major life activity:</b>		
<b>Describe the accommodations that are necessary and staff responsible:</b> •		
<b>Describe the student's responsibilities:</b> •		
<b>Describe the parent/guardians' responsibilities:</b> •		

## ATTENDANCE 504 TEAM MEMBERS

Name	Title	Date	Signature
	Parent		
	Teacher		
	504 Coordinator		

**Parental Consent/Acknowledgment:**

**I have reviewed this 504 Accommodation Plan developed for my child and hereby consent to its implementation.**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**CC: Student's Cumulative File**  
**CC: School Nurse**  
**CC: 504 Coordinator**