**MICHIGAN CITY AREA SCHOOLS**

**SECTION 504 ACCOMMODATION PLAN**

STUDENT: SCHOOL: GRADE: \_\_\_\_\_

DATE OF IMPLEMENTATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TERMINATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REVIEW: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATEMENT OF STUDENT'S PERFORMANCE AS IT RELATES TO THIS "PLAN": \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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MONITORING

INTERVENTION/STRATEGY IMPLEMENTOR(S) DATE COMMENTS

cc: Parents

Principal

Teacher

Section 504 Coordinator

Educational Record