



Section 504 Accommodation/Intervention Plan

01

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Kerr Gavin
Student Last Student First
Gavin Kerr 0000284321
Student eSIS SSID
4/12/1998 09
Birth Date Grade

02/27/2013 02/27/2014
Implementation Date Reestablish Date
Sandy High School
Attending School
Melissa Sandven
Team Chair

Complete this section annually for students eligible for 504 services

Is additional information attached? ☐ Yes ☒ No

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Specific Accommodations/Interventions Needed

- | | | | |
|--|---|--|---|
| 1. ADD, Executive Functioning, form of Tourettes affects Gavin's ability to learn | <input checked="" type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Parent | <input checked="" type="checkbox"/> Student |
| 2. Preferential seating away from distractions, near teacher so that teacher can remind Gavin | <input checked="" type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Parent | <input checked="" type="checkbox"/> Student |
| 3. to submit work and check for understanding. | <input checked="" type="checkbox"/> Classroom Teacher | <input checked="" type="checkbox"/> Parent | <input checked="" type="checkbox"/> Student |
| 4. More time to complete assignments and alternate location for tests as requested by student. | <input checked="" type="checkbox"/> Classroom Teacher | <input checked="" type="checkbox"/> Parent | <input checked="" type="checkbox"/> Student |

Accommodations needed for State/District Assessments:

Placement(s):

regular education classroom

Persons to be notified regarding plan:

parents, teachers, counselor

Team Documentation

Notification Statement Receipt of this documentation satisfies parental right of notification of identification and placement under Section 504 of the Rehabilitation Act of 1973

For more information contact: Paula Epp, Director of Student Services

Signature of Team Member

Title

| | | |
|---|-----------|--|
|  | Parent |  |
| | Student | |
| | Counselor |  |
| | Chair | |

Parents Rights Attached Date Initials

Copies: Student 504 File Parent District 504 File

Revised 08/22/11

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Student Services □ PO Box 547 □ Sandy OR 97055 □ 503-668-4949

 Parent Signature