

504 Accommodation Plan

Student Name: **Pinkham, Garrett D.** Home Phone: **541-345-8434** Date: **03/16/2016**
Date Of Birth: **12/04/1999** Home Address: **2996 Gilham Rd**
Student No.: **173189** Student State ID: **9459693** **Eugene, OR 97408-1624**

Age 16	Gender Male	Grade 10	Home School Sheldon High School	Attending School Sheldon High School
Ethnicity Hispanic		Primary Language - Date Determined English		Home Language - Date Determined English

Parent/Guardian

Name Gordon Pinkham	Home Phone 541-345-8434	Name Teresa Pinkham	Home Phone 541-345-8434
Address 2996 Gilham Rd Eugene, OR 97408-1624	Work Phone 541-687-1755	Address 2996 Gilham Rd Eugene, OR 97408-1624	Work Phone
	Emergency Phone 541-345-8434		Emergency Phone 541-345-8434

Plan Implementation Date: 03/17/2016

Case Manager: Cindy Munyon

BASIS FOR THE 504 PLAN

ADHD, leading to difficulty with staying focus, organization, planning, completion of assignments.

SUPPORTING DATA

- ☒ 504 Evaluation Report **Date:** 03/08/2016
☐ Progress Monitoring Report **Date:** _____
☐ Other _____ **Date:** _____

ACCOMMODATIONS / MODIFICATIONS

Instructional/Curriculum

Additional 2-3 days to turn in assignments, without late penalty.

Date

03/16/2016

Garrett will be encouraged to turn in assignments, even if not complete, for partial credit.

When possible, please provide Garrett with a copy of class notes.

Garrett will be allowed to use cell phone to take pictures of assignment due dates and explanations.

Comments

Garrett often completes homework, and does not bring it back to school or doesn't turn it in. Please encourage Garrett often to turn in the assignments. If possible, remind him to take photos of homework assignments and due dates.

Environmental

Date

Comments

Other

Date

Comments

Name Pinkham, Garrett D.	Date of Birth 12/04/1999	Student Number 173189	Document Date 03/16/2016
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SIGNATURES OF TEAM MEMBERS DEVELOPING PLAN

Name	Position	Signature	Date
Pinkham, Garrett D.	Student	_____	_____
Teresa Pinkham	Mother	_____	_____
Gordon Pinkham	Father	_____	_____
Michael Voss	Counselor	_____	_____
Cindy Munyon	Case Manager	_____	_____

☒ Yes, I give my consent
 (required for initial plan)

 ☐ No, I do not give my consent

 ☐ N/A or No Response

Signature of Parent/Guardian

 03/18/2016

Date