





Area of difficulty: Accommodations:				
Start date:	Duration:	Frequency:	Setting:	Responsible party:
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I agree with the accommodations listed in this plan.

I DO NOT agree with the accommodations listed in this plan.

I have been provided with a copy of 504 accommodation parent rights.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Distribution:	Parent or guardian	Section 504 Plan Site Providers Site section 504 Coordinator	/ v ( ) v ] / v ( ) v ]	u μ u μ	r/ h ( ) v ] District 504 coordinator (Box 708)	u μ r & o CD Relative file
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