

WEBER SCHOOL DISTRICT
SECTION 504/ADA INDIVIDUAL ACCOMMODATION PLAN

I. Name: _____ Birthdate: _____

Student ID#: _____

II. School: _____

III. Type of Plan: (*ADA OR s504*) _____ Plan Date: _____

IV. Disabling Conditions

V. Determination as a Qualified Individual:

VI. Major Life Activities: (Significantly Limits)

VII. Educational Impact:

VIII. Necessary Accommodations:

Section 504/ADA Individual Accommodation Plan Signature Form

s504 Team Signatures:

Title:

Date:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I agree to the above accommodations for my child and have received a copy of the notice of Section 504 rights.

Parent Signature

Date