Annual Review  3 Year Reevaluation Date of Original (1st) Plan

# Urbandale Community School District - Section 504 Student Accommodation Plan

Date To Be Reviewed       Date Written:

Student  Building  Grade  DOB

Parent’s (Guardian) Name       Coordinator of Section 504/Plan facilitator

|  |
| --- |
| Areas of Strength: |

|  |
| --- |
| Describe Areas of Concern Based on Eligibility Determination: |

     , Parent (Guardian)      , Classroom Teacher      , Administrator/Designee

     , Member/Position      , Member/Position      , Member/Position

     , Member/Position      , Member/Position      , Member/Position

Send copy to Director of Student Service at the AO.

# Urbandale Community School District - Section 504 Student Accommodation Plan (Continued)

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| --- | --- | --- | --- |
| **Areas of Difficulty** | **Accommodations** | **Person(s) Responsible** | **Progress Monitored/**  **Date of Review** |
|  |  |  |  |

Send copy to Director of Student Service at the AO.