

FCSD Accommodation Plan: Part I Eligibility

Student Name: DoB: Grade:
 School: Case Manager: Annual Review Date:

1. Does the student have a physical or mental impairment that substantially limits one or more of his/her life activities?					
Level of Impact of Disability on Major Life Activities					
	*Eligible for 504				
	*5	*4	3	2	1-0
	Extreme	Substantial	Moderate	Mild	Negligible-None
Caring for one's self					
performing manual tasks					
walking					
Seeing					
breathing					
hearing					
speaking					
working					
social/emotional					
learning					

2. Does the impairment impact the student's education?	Yes	No
Is the student disabled under Section 504?	Yes	No

Briefly document the basis for determining the disability. Attach notes if necessary.	
Part II: Accommodation Plan	
Area of difficulty:	
Accommodations:	Person(s) Responsible:
Area of difficulty:	
Accommodations:	

Review Team Signatures:

Date:

Please use the box below to recommend accommodation revisions for the upcoming year.