

Step 5: FCSD Section 504 Accommodation Plan Permission/Form

Parents, please sign and date your student's Section 504 Accommodation plan, granting FCSD permission to enact it on behalf of your student. Sign and return page 1 of this plan to Marci Dunlap, 504 Coordinator.

I give permission for my student to receive the 504 accommodations listed below.

Parent Signature:

Date:

Staff Commitment:

By signing this document, I acknowledge that I have received information regarding this plan and understand that it is my legal responsibility to deliver instruction to this student in compliance with his/her 504 accommodations agreed upon by the team identified.

Name

Position