

**Blackstone/Millville Regional School District
Section 504 Accommodation Plan**

_____ **Initial** _____ **Review** _____ **Reassessment**

Name of Student: _____ **Date of Birth:** _____

School: _____ **Grade:** _____

Date of Meeting: _____ **Annual Review Date:** _____

Name of Parent(s) or Guardian(s): _____

Address of Student: _____

Phone Number of Student: _____

Addresses of Parent(s) or Guardian(s) if different from student:

Phone Number of Parent(s) or Guardian(s) if different from student:

Participants in Meeting (Signature and Title):

Date of Plan _____

**Signature of
Parent/Guardian** _____

**Signature of 504 Building
Coordinator** _____

**Signature of Building
Principal** _____

Cc: Parents, Classroom Teachers, 504 Building Coordinator

**Attachment: Student and Parents Rights and Information regarding Section 504 of the
Rehabilitation Act of 1973 and the American Disability Act**