



Ceres Unified School District

504 INDIVIDUAL ACCOMODATION PLAN (IAP)

Student Name _____ Birthdate _____ Date _____
Student ID# (FSI) _____ Grade _____ C.A. _____ Sex _____
School _____ Teacher _____ Reviewed by: _____

1. Describe the nature of the concern: _____

2. Describe the basis for the determination of handicap (if any): _____

3. Describe how the handicap affects a major life activity: _____

The 504 Accommodation Committee has reviewed the files of the above-named student and concludes that he/she meets the classification as a qualified handicapped individual under Section 504 of the Rehabilitation Act of 1973. In accordance with the Section 504 guidelines, the school has agreed to make reasonable accommodations and address the student's individual needs by:

Physical arrangement of room:

_____ seating student near the teacher	_____ avoiding distracting stimuli (air conditioner, high traffic area, etc.)
_____ seating student near a positive role model	_____ increasing the distance between the desks
_____ standing near the student when giving directions or presenting lessons	_____ <i>Additional accommodations:</i> _____

Lesson presentation:

_____ pairing students to check work	_____ breaking longer presentations into shorter segments
_____ writing key points on the board	_____ providing written outline
_____ providing peer tutoring	_____ allowing student to tape record lessons
_____ providing visual aides	_____ having child review key points orally
_____ providing peer note taker	_____ teaching through multi-sensory modes
_____ making sure directions are understood	_____ using computer-assisted instruction
_____ including a variety of activities during each lesson	_____ <i>Additional accommodations:</i> _____

Assignment/Worksheets:

_____ giving extra time to complete tasks	_____ providing study skills, etc.
_____ simplifying complex directions	_____ giving frequent short quizzes and avoiding long tests
_____ handing worksheets out one at a time	_____ shortening assignments; breaking work into smaller segments
_____ reducing the reading level of the assignments	_____ allowing typewritten or computer printed assignments
_____ requiring fewer correct responses to achieve grade	_____ using self-monitoring devices
_____ allowing student to tape record assignments/ homework	_____ reducing homework assignments
_____ providing a structured routine in written form	_____ not grading handwriting
	_____ <i>Additional accommodations:</i> _____

Student Name _____ Birthdate _____ Date _____

Classroom Test taking:

- | | |
|---|---|
| <input type="checkbox"/> allowing open book exams | <input type="checkbox"/> allowing student to give test answers on tape recorder |
| <input type="checkbox"/> giving exam orally | <input type="checkbox"/> giving frequent short quizzes, not long exams |
| <input type="checkbox"/> giving take home tests | <input type="checkbox"/> reading test item to student |
| <input type="checkbox"/> using more objective items (fewer essay responses) | <input type="checkbox"/> <i>Additional accommodations:</i> _____ |
| <input type="checkbox"/> allowing extra time for exam | _____ |

Statewide Testing Accommodations/Modifications:

Organization:

- | | |
|--|---|
| <input type="checkbox"/> providing peer assistance with organizational skills | <input type="checkbox"/> developing a reward system for in-school work completion |
| <input type="checkbox"/> assigning volunteer homework buddy | <input type="checkbox"/> providing student with a homework assignment notebook |
| <input type="checkbox"/> allowing students to have an extra set of books at home | <input type="checkbox"/> <i>Additional accommodations:</i> _____ |
| <input type="checkbox"/> sending daily/week progress reports home | _____ |

Behavior:

- | | |
|--|--|
| <input type="checkbox"/> praising specific behaviors | <input type="checkbox"/> increasing the immediacy of rewards |
| <input type="checkbox"/> using self-monitoring strategies | <input type="checkbox"/> marking student's correct answers, not his mistakes |
| <input type="checkbox"/> giving extra privileges and rewards | <input type="checkbox"/> implementing a classroom behavior management system |
| <input type="checkbox"/> keeping classroom rules simple and clear | <input type="checkbox"/> allowing student time out of seat to run errands, etc |
| <input type="checkbox"/> making "prudent use" of negative consequences | <input type="checkbox"/> ignoring inappropriate behaviors and not drastically outside classroom limits |
| <input type="checkbox"/> allowing for short breaks between assignments | <input type="checkbox"/> allowing legitimate movement |
| <input type="checkbox"/> cueing student to stay on task (nonverbal signal) | <input type="checkbox"/> implementing time-out procedures |
| <input type="checkbox"/> contracting with the student | <input type="checkbox"/> <i>Additional accommodations:</i> _____ |
| | _____ |

Medication:

Name of Physician _____ Phone _____
Medication(s) _____ Schedule _____

Monitoring of medication(s) daily weekly as needed basis

Administered by: _____

Special Considerations:

- | | |
|---|--|
| <input type="checkbox"/> suggesting parent program(s) | <input type="checkbox"/> alerting bus driver |
| <input type="checkbox"/> monitoring student closely on field trip | <input type="checkbox"/> developing intervention strategies for transitional periods (e.g., cafeteria, physical education, etc.) |
| <input type="checkbox"/> inservicing teacher(s) on child's handicap | <input type="checkbox"/> suggesting agency involvement |
| <input type="checkbox"/> providing social skills group experience | <input type="checkbox"/> providing group/individual counseling |

Discipline (check one):

- This student's Section 504 disability (AIDS, asthma, other) would not cause him/her to violate school rules.
 This student's Section 504 disability could cause him/her to violate school rules.