

Waunakee Community School District

**SECTION 504 ACCOMMODATION PLAN**

<b>Student's Name:</b> -----	<b>DOB:</b> 03/22/1999	<b>Sex:</b> <input checked="" type="checkbox"/> M <input type="checkbox"/> F
<b>School:</b> Waunakee Community High School	<b>Grade:</b> 9	
<b>504 Case Manager:</b> -----	<b>Title:</b> School Counselor	
<b>Date of Plan Meeting:</b> 05/30/12 (Middle School)	<b>Implementation Date:</b> 05/30/2012	
<b>Projected Date of Review:</b> 03/22/2012	<b>Annual Review Date:</b> 05/30/2013	
<b>Three-year Review Date:</b> 03/22/2014		

**Description of Reasonable Accommodations Necessary to Meet Individual Needs:**

Accommodation(s)	Person Responsible for or Subject Area Where Accommodation(s) will Occur	Review Date:	Recommendations (Continue/Discontinue)
There will be electronic communication between home and school staff, initiated by -----, to check on progress of grades and work completion.	----- and classroom teachers.	05/30/12	
-----may request to take a brief time out from class if needed due to anxiety and visit the Health Office or Counseling Office.	-----, classroom teachers, and Student Services staff.	05/30/2012	
----- will have a (to be determined) small group of high school staff that will help check in with him when needed.	----- and Student Services staff.	05/30/2012	
In consultation with Pathways staff, ----- will have the opportunity to pre-test in units of core class areas. If that occurs, he will be given alternate homework assignments at corresponding difficulty levels to complete.	-----, classroom teachers, and Pathways staff.	05/30/2012	
----- will receive help from high school staff in providing him verbal cues and reminders about completion and handing homework.	----- and classroom teachers.	05/30/2012	

Standardized Assessment Accommodation(s):

Modification(s)

No Modification(s)

*(If modifications are necessary, they should be listed above).*

No modifications are necessary in the following classes: \_\_\_\_\_

\_\_\_\_\_  
Signature of 504 Accommodation Plan Case Manager

Copies to:

Parent/Guardian

Student Record

District Record

Teacher(s)

Hello All:

There will be a **504 Plan meeting for ----- on Thursday, //2012 beginning at 7:30 am in the Counseling Office.** I have attached a copy of ----- current plan for your review and information. Please note that there is a provision for Pathways interventions as needed.

----- father, ----- will be there to share information with us along with his son, -----.

I have included all of the teachers that ----- will be with first semester in my email, along with the school nurse. Please let me know if you have any questions.