



**Paradise Unified School District**  
**Section 504 Conference Summary/Accommodation Plan**

**I. Student Information**

Name:	Birthdate:	Age:
School:	Teacher:	Grade:
Parent/Guardian(s):		
1.	Home/Cell Phone:	Work Phone:
2.	Home/Cell Phone:	Work Phone:
Address:		
City/State/Zipcode		

**II. Reason for Referral:**


**III. 504 Meeting Information:**

Check One: <input type="checkbox"/> Initial <input type="checkbox"/> Review <input type="checkbox"/> Parent Request <input type="checkbox"/> Other (please specify)	
Meeting Date:	Time:
Annual Review Date:	

**IV. Evaluation:** (Review of available information--include test scores when appropriate)

**Current levels of achievement:**


**Areas of Concern:**


**Areas of Strength:**


**Health Related Information:**


**Social/Emotional Related Information:**




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**V. Planned Accommodations for 504 Implementation:** (Behavior Plan & specific goals may also be attached)

Accommodation/Support	Frequency	Person Responsible	Goal

**VI. Parent/Guardian Statements:** (have parent/guardian initial and check appropriate box)

- \_\_\_\_\_ ☐ I agree with the Section 504 Plan  
\_\_\_\_\_ ☐ I do not agree with the Section 504 Plan  
\_\_\_\_\_ ☐ I request a review of this plan

**VII. Meeting Attendance:**

Parent/Guardian:	Date:
Parent/Guardian:	Date:
Administrator/Designee:	Date:
Student:	Date:
Name: Title:	Date:
Name: Title:	Date:
Name: Title:	Date: