

**CAMPBELL COUNTY PUBLIC SCHOOLS  
SECTION 504 ACCOMMODATION PLAN**

Today's Date: \_\_\_\_\_  
 Student's Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Grade: \_\_\_\_\_  
 Due Date for Review: \_\_\_\_\_  
 Due Date for 3 Year Reevaluation: \_\_\_\_\_

AREA(S) OF STRENGTH:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AREA(S) OF DIFFICULTY	ACCOMMODATIONS	STARTING DATE	PERSON RESPONSIBLE	OUTCOME