

SECTION 504
INDIVIDUAL ACCOMMODATION PLAN (IAP)

Local Educational Agency (LEA)

Student Last First I.D. # DOB Grade
School 504 Chairperson

Date of Annual IAP Date of Most Recent Section 504 Evaluation (within 3 years)

Part A. Section 504 Disability (Check all that apply): Identified impairment that substantially limits one or more major life activities: (More than one source of supporting data needed)

Characteristics of:

- 01 DYSLEXIA (Bulletin 1903) Supporting Data
02 DYSGRAPHIA Supporting Data
03 ADD/ADHD Supporting Data
04 OTHER ACADEMIC/LEARNING DISABILITY (Specify e.g., Central Auditory Processing)

Social/Emotional Characteristics of:

- 05 BEHAVIOR DISORDER Supporting Data
06 OPPOSITIONAL DEFIANT DISORDER Supporting Data
07 ANXIETY DISORDER Supporting Data
08 BIPOLAR DISORDER Supporting Data
09 ASPERGER'S DISORDER Supporting Data

Medical:

- 10 DIABETES/HYPOGLYCEMIA/OTHER RELATED DISORDER Supporting Data
11 SEVERE ASTHMA OR OTHER RESPIRATORY CONDITION Supporting Data
12 SEVERE ALLERGIES OR ANAPHYLAXIS Supporting Data
13 CHRONIC FATIGUE SYNDROME Supporting Data
14 MIGRAINE HEADACHES Supporting Data
15 BROKEN (expected 6+ months duration) OR MISSING BODY PART Supporting Data
16 EYE ABNORMALITY/VISION IMPAIRMENT Supporting Data
17 EAR ABNORMALITY/HEARING IMPAIRMENT Supporting Data
18 DIGESTIVE OR EATING DISORDER Supporting Data
19 BLADDER DISORDER Supporting Data
20 NEUROLOGICAL DISORDER Supporting Data
21 CIRCULATORY/ENDOCRINE DISORDER Supporting Data
22 OTHER SYNDROME OR RARE DISEASE Supporting Data
23 DRUG OR SUBSTANCE ABUSE RELATED Supporting Data

Other:

- 24 SOCIAL/EMOTIONAL: OTHER (none of the above applies) Supporting Data
25 MEDICAL: OTHER (none of the above applies) Supporting Data

Accommodations are needed at this time. Yes No (If no, proceed to Parts J and K)

Altered format instructional/supplemental materials are required at this time. Yes No (If yes, specify below)

Format needed Reason for Altered Format

Behavior Intervention Plan is attached (if appropriate) Yes No

Medical Plan is attached (if appropriate) Yes No

Other Relevant Documents are attached (if appropriate) Yes No

Comments/Additional Supporting Data:

Blank lines for comments and supporting data.

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Part B. Area(s) where IAP is needed: (Teachers responsible for the subjects checked must receive a copy of this IAP.)

- Math, Art/Music, Computer Lab, Vocational Electives, Other
Reading, Spelling, Physical Education, Library
Composition, Science, Health, Field Trips
English, Social Studies, Gifted / Talented

Part C. Accommodations for Setting

- (01) Assign preferential seating
(02) Alter physical room environment (Details Attached)
(03) Reduce/minimize distractions
(04) Provide home/school communication (Details Attached)
(05) Assign peer tutors/work buddies/note takers or scribe
(06) Modify student's schedule
(07) Other:
(08) Post or provide visual cues and/or markers
(09) Change location to increase physical access
(10) Use flexible/special purpose grouping
(11) Stand near student when giving directions/redirection
(12) Use notebook for assignments/materials/homework
(13) Small group/Individualized instruction/testing (Circle)

Part D. Accommodations for Presentation/Response

- (01) Use graphic organizers as teaching/learning tools
(02) Provide outlines and notes of key material/highlight material
(03) Use teacher-initiated signal to redirect attention
(04) Prioritize tasks/assist with pacing (e.g., lists/desktop notes)
(05) Break tasks and procedures into sequential steps
(06) Use rehearsal mnemonic devices
(07) Limit number of concepts introduced at one time
(08) Modify assignments (e.g. vary length, limit number of items)
(09) Color code material
(10) Increase amount of white space or spacing on page
(11) Alter format of instructional content (e.g., multi. choice/essay)
(12) Provide options for student to obtain information and demonstrate knowledge through use of (e.g. alternate projects, interviews, oral reports, dramatization) Specify
(13) Appropriate format for instructional/supplemental materials (e.g. Braille, audio, digital, large print) Specify
(14) Other:
(15) Use virtual/multisensory modes to reinforce instruction
(16) Provide photocopies of teacher/peer notes
(17) Provide assistance/cues for homework and transitions
(18) Provide daily assignments
(19) Provide practice activities and immediate feedback
(20) Teach concrete concepts before abstract concepts
(21) Do not count off for spelling when grading content
(22) Assignments/tests read aloud
(23) Computer-assisted instruction, when available
(24) Allow use of computer as alternative to writing tasks
(25) Alter format of materials on page (e.g., font/spacing/color)

Part E. Accommodations for Time Demands

- (01) Increase time allowed for class-work and/or tests
(02) Provide timelines for completing tasks in chunks
(03) Allow breaks during work periods or between tasks
(04) Give frequent, short quizzes and avoid long tests
(05) Provide assistance/cues for transitions between classes, lockers, home et al. (Specify)
(06) Increase time allowed for homework and projects
(07) Require reduced number of responses to achieve grade
(08) Limit amount of work required/length of assignments
(09) Other

Part F. Accommodations/Provisions for Behavior Concerns

- (01) Assure that curriculum is appropriate and necessary accommodations have been implemented
(02) Establish procedures and routines to help complete activities
(03) Reinforce appropriate behavior
(04) Determine reason for behavior and teach replacement skills
(05) Visits with counselor or other service personnel
(06) Develop, implement, and monitor a structured behavior intervention plan (BIP) Note: Required for students who exhibit recurrent problematic behavior and/or have repeated suspensions. (Behavior Intervention Plan Attached)
(07) Minimize triggers (Specify)
(08) Other:
(09) Positive Behavior Support Program (Specify Tier)
(10) Use token economy reinforcement strategies
(11) Offer systematic program to increase self-esteem
(12) Structured social skills training/formal instruction

<input type="checkbox"/> Redirect to the test	<input type="checkbox"/> Redirect to the test	<input type="checkbox"/> Redirect to the test	<input type="checkbox"/> Redirect to the test
<input type="checkbox"/> Braille	<input type="checkbox"/> Braille	<input type="checkbox"/> Braille	<input type="checkbox"/> Braille
<input type="checkbox"/> Large print	<input type="checkbox"/> Large print	<input type="checkbox"/> Large print	<input type="checkbox"/> Large print
<input type="checkbox"/> Listening device	<input type="checkbox"/> Listening device	<input type="checkbox"/> Listening device	<input type="checkbox"/> Listening device
<input type="checkbox"/> Color overlay	<input type="checkbox"/> Color overlay	<input type="checkbox"/> Change background font and colors	<input type="checkbox"/> Color overlay
		<input type="checkbox"/> Paper form of test	<input type="checkbox"/> Paper form of test
<input type="checkbox"/> Extra white paper	<input type="checkbox"/> Extra white paper	<input type="checkbox"/> General masking	
<input type="checkbox"/> Tactile graphics	<input type="checkbox"/> Tactile graphics	<input type="checkbox"/> Tactile graphics	
		<input type="checkbox"/> Closed captioning	
		<input type="checkbox"/> ASL video	
		<input type="checkbox"/> Descriptive video	
Response Accommodations			
Communication Assistance			
<input type="checkbox"/> Speech to Text	<input type="checkbox"/> Speech to Text	<input type="checkbox"/> Speech to Text	<input type="checkbox"/> Speech to Text
<input type="checkbox"/> Word processor	<input type="checkbox"/> Word processor	<input type="checkbox"/> Word processor	<input type="checkbox"/> Word processor
<input type="checkbox"/> Alternate keyboard	<input type="checkbox"/> Alternate keyboard	<input type="checkbox"/> Alternate keyboard	<input type="checkbox"/> Alternate keyboard
<input type="checkbox"/> Communication device	<input type="checkbox"/> Communication device	<input type="checkbox"/> Communication device	<input type="checkbox"/> Communication device
Calculation Devices (except on fluency items)			
<input type="checkbox"/> Calculator	<input type="checkbox"/> Calculator	<input type="checkbox"/> Calculator	<input type="checkbox"/> Calculator
<input type="checkbox"/> Manipulatives	<input type="checkbox"/> Manipulatives	<input type="checkbox"/> Manipulatives	<input type="checkbox"/> Manipulatives
<input type="checkbox"/> Multiplication chart	<input type="checkbox"/> Multiplication chart	<input type="checkbox"/> Multiplication chart	<input type="checkbox"/> Multiplication chart
<input type="checkbox"/> 100s chart	<input type="checkbox"/> 100s chart	<input type="checkbox"/> 100s chart	<input type="checkbox"/> 100s chart
<input type="checkbox"/> Number line	<input type="checkbox"/> Number line	<input type="checkbox"/> Number line	<input type="checkbox"/> Number line
Other Response Accommodations			
<input type="checkbox"/> Slant board	<input type="checkbox"/> Slant board	<input type="checkbox"/> Slant board	<input type="checkbox"/> Slant board
<input type="checkbox"/> Blank paper	<input type="checkbox"/> Blank paper	<input type="checkbox"/> Blank paper	<input type="checkbox"/> Blank paper
<input type="checkbox"/> Word prediction	<input type="checkbox"/> Word prediction	<input type="checkbox"/> Word prediction	<input type="checkbox"/>
<input type="checkbox"/> Adapted grips, writing tools	<input type="checkbox"/> Adapted grips, writing tools	<input type="checkbox"/> Adapted grips, writing tools	<input type="checkbox"/> Adapted grips, writing tools
<input type="checkbox"/> Answers recorded	<input type="checkbox"/> Answers recorded	<input type="checkbox"/> Answers recorded	<input type="checkbox"/> Answers recorded
<input type="checkbox"/> Transferred answers	<input type="checkbox"/> Transferred answers	<input type="checkbox"/> Transferred answers	<input type="checkbox"/> Transferred answers
			<input type="checkbox"/> Dictionary
			<input type="checkbox"/> Thesaurus
Timing & Scheduling Accommodations			
<input type="checkbox"/> Extended time	<input type="checkbox"/> Extended time	<input type="checkbox"/> Extended time	<input type="checkbox"/> Extended time
<input type="checkbox"/> Allow breaks	<input type="checkbox"/> Allow breaks	<input type="checkbox"/> Allow breaks	<input type="checkbox"/> Allow breaks
Setting Considerations			
<input type="checkbox"/> Individual testing	<input type="checkbox"/> Individual testing	<input type="checkbox"/> Individual testing	<input type="checkbox"/> Individual testing
<input type="checkbox"/> Small group testing	<input type="checkbox"/> Small group testing	<input type="checkbox"/> Small group testing	<input type="checkbox"/> Small group testing
<input type="checkbox"/> Specified seating	<input type="checkbox"/> Specified seating	<input type="checkbox"/> Specified seating	<input type="checkbox"/> Specified seating
<input type="checkbox"/> Alternate location	<input type="checkbox"/> Alternate location	<input type="checkbox"/> Alternate location	<input type="checkbox"/> Alternate location

Accommodations such as those listed in Sections C through H enhance academic performance for many students. However, Section 504 accommodations are required for students with a learning, behavior, or health-related condition that significantly reduces the student's ability to obtain a Free Appropriate Public Education.

Section 504 accommodations should be noted on this IAP only if they are consistently needed to provide this student equal access to educational opportunities or to allow the student to learn and demonstrate learning despite his/her disability.

Students may receive the above-listed standardized testing accommodations if those accommodations are routinely received during the instructional period. Unique accommodations not specifically listed require approval using the unique accommodation approval form.

**SECTION 504
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Student _____ **I.D. #** _____ **School** _____
Last **First**

Part J. Compensatory Services (Specify)

- (01) Multisensory Structured Language Program(s) (*Bulletin 1903 Guidelines*) (Specify) _____
- (02) 3-Tier Intervention Model _____
- (03) Remediation/Tutoring _____
- (04) Title I Services _____
- (05) Other: _____

Part K. Special Considerations

- (01) Parent programs or agency involvement suggested (Specify) _____
- (02) Alert bus driver or other personnel (Specify) _____
- (03) In-service school personnel involved with the student on the disability _____
- (04) Suggest interventions strategies for periods of transition (e.g., changing classes, PE, cafeteria et al) (Attach details) _____
- (05) Other: _____

If materials in more appropriate format are required for testing (e.g. large print), specify format and reason below.

The listed accommodations must be appropriate and must not subvert the purpose of the test or violate test security. Check with the District Section 504 Coordinator, School Test Coordinator, and/or District Test Coordinator for the appropriateness of other accommodations not listed above.

Part L. Signatures of 504/SBLC Members Participating in the Individual Accommodation Plan [* Required Signatures]

* Teacher / Date

Parent(s) / Date

* Principal / Designee / Date

504/SBLC Member / Date

* 504/SBLC Chairperson / Date

Student / Date

* School Test Coordinator / Date
Signature is required if student needs accommodations for standardized assessment.

* LEA 504 Coordinator / Date
Signature is required if student needs accommodations for standardized assessment.

Part K. Notification of Parent Rights must be documented on this form or on alternate form and maintained with confidential records at all times. Please attach alternate form that documents notification of parental rights (if applicable).

I have received a copy of Notice of Parent Rights. _____
Parent / Date

The Louisiana Department of Education and the Local Educational Agency are public service agencies that do not discriminate in employment or educational services on the basis of race, sex, religion, age, disability, or national origin.