



SECTION 504 INDIVIDUAL ACCOMMODATION PLAN (IAP)

Local Educational Agency (LEA)

Student _____ I.D. # _____ DOB _____ Grade _____
Last First

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 Dyslexia (*Bulletin 1903*) **Supporting Data** _____
- Characteristics of ADHD **Supporting Data** _____
- Social / Emotional _____ **Supporting Data** _____
- Medical: _____ **Supporting Data** _____
- (Attach *Individual Health Plan* if appropriate)
- Other: _____ **Supporting Data** _____

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

- | | | | | |
|--------------------------------------|---|---|---|---------------------------------------|
| <input type="checkbox"/> Math | <input type="checkbox"/> Art/Music | <input type="checkbox"/> Computer Lab | <input type="checkbox"/> Vocational Electives | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Spelling | <input type="checkbox"/> Physical Education | <input type="checkbox"/> Library | _____ |
| <input type="checkbox"/> Composition | <input type="checkbox"/> Science | <input type="checkbox"/> Health | <input type="checkbox"/> Field Trips | _____ |
| <input type="checkbox"/> English | <input type="checkbox"/> Social Studies | <input type="checkbox"/> Gifted / Talented | | _____ |

Part C. Accommodations for Environment

- | | |
|--|---|
| <input type="checkbox"/> (1) Assign preferential seating | <input type="checkbox"/> (7) Reduce/minimize distractions |
| <input type="checkbox"/> (2) Alter physical room environment | <input type="checkbox"/> (8) Provide home/school communication |
| <input type="checkbox"/> (3) Use alternative/flexible/special purpose grouping | <input type="checkbox"/> (9) Stand near student when giving directions/redirectiong |
| <input type="checkbox"/> (4) Use notebook for assignments/materials/homework | <input type="checkbox"/> (10) Small Group/ Individualized Instruction |
| <input type="checkbox"/> (5) Allow student to move | <input type="checkbox"/> (11) Small group/Individual Testing |
| <input type="checkbox"/> (6) Assign peer tutors/work buddies/note takers | <input type="checkbox"/> (12) Other: _____ |

Part D. Accommodations for Teaching Strategies

- | | |
|--|---|
| <input type="checkbox"/> (1) Use graphic organizers as teaching/learning tools | <input type="checkbox"/> (11) Use verbal and visual cues to reinforce instruction |
| <input type="checkbox"/> (2) Outline notes/key sections of text to emphasize main ideas | <input type="checkbox"/> (12) Use teacher-initiated signal to redirect attention |
| <input type="checkbox"/> (3) Use cooperative learning strategies | <input type="checkbox"/> (13) Provide photocopies of teacher/peer notes |
| <input type="checkbox"/> (4) Modify assignments (vary length, limit items) | <input type="checkbox"/> (14) Break tasks and procedures into sequential steps |
| <input type="checkbox"/> (5) Use hands on activities/manipulatives | <input type="checkbox"/> (15) Provide practice activities and immediate feedback |
| <input type="checkbox"/> (6) Use rehearsal mnemonic devices | <input type="checkbox"/> (16) Teach concrete concepts before abstract concepts |
| <input type="checkbox"/> (7) Limit number of concepts introduced at one time | <input type="checkbox"/> (17) Assignments/tests read aloud |
| <input type="checkbox"/> (8) Do not count off for spelling when grading content | <input type="checkbox"/> (18) Alternative projects |
| <input type="checkbox"/> (9) Provide options for student to obtain information and demonstrate knowledge through use of: | <input type="checkbox"/> (19) Other: _____ |
| <input type="checkbox"/> (10) Assistive Technology (Specify) _____ | |

Part E. Accommodations for Materials

- | | |
|---|---|
| <input type="checkbox"/> (1) Alter format of materials on page (e.g., font/highlight) | <input type="checkbox"/> (3) Other: _____ |
| <input type="checkbox"/> (2) Alter format of assignments/assessment (e.g., multiple choice/essay) | |

Part F. Accommodations for Time Demands

- | | |
|---|---|
| <input type="checkbox"/> (1) Provide cues and prepare for transitions in daily activities | <input type="checkbox"/> (4) Extended time for assignments and/or tests |
| <input type="checkbox"/> (2) Provide timelines for completing tasks in chunks | <input type="checkbox"/> (5) Adjusted/extended time _____ |
| <input type="checkbox"/> (3) Allow breaks during work periods or between tasks | <input type="checkbox"/> (6) Other: _____ |

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Part G. Accommodations for Behavior Concerns

- (1) Assure curriculum is appropriate and needed accommodations have been implemented
- (2) Establish procedures and routines to assist student in completing activities
- (3) Reinforce appropriate behavior
- (4) Determine reason for behavior and teach replacement skills
- (5) Develop and implement a structured behavior intervention plan (BIP)
- (6) Use token economy reinforcement strategies
- (7) Offer systematic program to increase self-esteem
- (8) Other: _____

Part H. Compensatory Services (Specify)

- (1) Multisensory Structured Language Program(s) (*Bulletin 1903 Guidelines*) _____
- (2) Title I Services _____
- (3) Remediation/Tutoring _____
- (4) 3-Tier Intervention Model _____
- (5) Other: _____

Part I. Standardized Testing Accommodations (Specify need for accommodation)

Check the appropriate assessment: iLEAP LEAP 21 GEE 21

- (00) None (Student does not need standardized testing accommodations or has completed all required testing)
- (68) Braille _____
- (69) Large Print _____
- (70) Answers Recorded _____
- (71) Transferred Answers _____
- (72) Adjusted Time _____
- (73) Extended Time _____
- (74) Individual Administration _____
- (75) Small Group Administration _____
- (76) Assistive Technology _____
- (77) Test(s) Read Aloud _____
- (78) Communication Assistance for Hearing Impaired Only _____
(Exception: Reading and Responding)
- (79) Other: _____
(Exception: Reading and Responding)

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

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

* Teacher / Date

* Principal / Designee / Date

* 504/SBLC Chairperson / Date

Parent(s) / Date

504/SBLC Member / Date

Student / Date

* Sch. Test Coordinator / Date

* LEA 504 Coordinator / Date
Signature required if student requires accommodations for LEAP.

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