



Royal School District No. 160

901 ALHERS ROAD + PO Box 486
ROYAL CITY, WA ♦ 99357

P: 509.346.2222 ♦ F: 509.346.8746

WWW.ROYALSD.ORG

SECTION 504 PLAN

Student's Name: _____ Date: _____

Birthdate: _____ School: _____

504 Disability: _____

DESCRIBE THE ACCOMMODATIONS THAT WILL BE IMPLEMENTED:

Instructional:

Environmental/Accessibility:

Behavioral/Social:

Assessment/Testing:

Health/Medical:

Implementation Date: _____ Review Date: _____

Signature _____ **Date** _____ **Agree/Disagree**
