Area(s) of Difficulty	Accommodations (refer to 504 Accommodation Plan)	Starting Date	Person Responsible	Outcome

504 Accommodation Record for (Student's Name): _____ DOB: _____
Student's MARSS#: _____ Age: _____ Sex: _____ School: _____
Grade or Subject: _____ Case Manager: _____
Review Date(s): _____ Re-evaluation Date: _____