Accommodation Plan for
Home-to-School telephone instruction, textbooks, supplies, materials, and teacher monitoring of assignments

This plan is for a student whose chronic or acute health condition is so severe that it prevents attendance in school for a minimum of two weeks and would otherwise place the child at risk of school failure as a result of the condition.

Student's Name:_____ School:_____

Date of Birth:_____ Age:_____ Grade:_____ Year:_____

Areas of Need	Accommodations	Results/Status Review

Beginning Date:_____ Ending Date:_____

Describe location of services if other than the classroom setting and reason(s) necessary:

Comments:

Participant Signatures	Position/Title	Date