

Section 504
Staff Accountability Checklist

Complete this form and return to your 504 Coordinator: _____

Student Name: _____

Grade: _____ School: _____

Staff Name: _____ (who is responsible for carrying out plan)

- I have received a copy of the above named students' 504 accommodations plan

- I understand each accommodation listed on the students 504 accommodations

- I understand that if the student is not making progress in my class, I will inform the 504 Coordinator for follow up

Staff Signature

Date

For 504 Coordinators: If one or more of the boxes is not checked, please follow up with the teacher. Document your follow up. File form in Student 504 folder.