

**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY (DODEA)
ACCOMMODATION PLAN**

PRIVACY ACT STATEMENT

AUTHORITY: 20 U.S.C. 921-932 and 10 U.S.C. 2164, as amended; E.O. 13160 (Nondiscrimination); and the Privacy Act of 1974, as amended, 5 U.S.C. 552a.

PRINCIPAL PURPOSE(S): The information will be used within the DoD to determine the appropriate accommodations to be made to the educational programming for a particular child to ensure the child receives a free public education.

ROUTINE USE(S): Disclosure of information on this form is authorized by 5 U.S.C. 552a(b)(2) within DoD when required to perform an official duty, and outside DoD by 5 U.S.C. 552(b)(3) in accordance with the "Blanket Routine Uses" universally published at: <http://www.defenselink.mil/privacy/notice/osd>.

DISCLOSURE: Disclosure to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services.

1. SCHOOL

2. STUDENT NAME (*Last, First, Middle*)

3. DATE (*YYYYMMDD*)

4. GRADE

5. SUBJECT(S)/CLASSES

6. DATE OF IMPLEMENTATION (*YYYYMMDD*)

7. REVIEW DATE (*YYYYMMDD*)

8. IDENTIFY THE NATURE OF THE STUDENT'S DISABILITY(IES) AND THE MAJOR LIFE ACTIVITY(IES) IT LIMITS:

9. DESCRIBE THE BASIS FOR DETERMINING THE DISABILITY(IES): (*Medical and/or other pertinent evaluations, if any*)

10. DESCRIBE THE EDUCATIONAL IMPACT OF THE DISABILITY(IES): (*Relate information/data provided by teacher, progress reports, school history*)

DODEA ACCOMMODATION PLAN *(Continued)*

STUDENT NAME *(Last, First, Middle)*

11. IDENTIFY AREA(S) FOR ACCOMMODATION(S): *(X all that apply)*

<input type="checkbox"/>	CLASSROOM/CURRICULUM TESTS	<input type="checkbox"/>	CLASSROOM ASSIGNMENTS
<input type="checkbox"/>	PROJECTS	<input type="checkbox"/>	HOMEWORK
<input type="checkbox"/>	TRANSITION ACTIVITIES	<input type="checkbox"/>	NOTE TAKING
<input type="checkbox"/>	ENVIRONMENT	<input type="checkbox"/>	GRADING
<input type="checkbox"/>	SYSTEM-WIDE ASSESSMENT PROGRAM	<input type="checkbox"/>	OTHER <i>(Specify)</i>

12. DESCRIBE THE ACCOMMODATION(S) THAT WILL BE PROVIDED FOR THE STUDENT: *(Attach additional sheets as necessary.)*

- (1)
- (2)
- (3)
- (4)

13. STUDENT PROGRESS WILL BE DOCUMENTED BY:

- (1)
- (2)
- (3)
- (4)

14. SIGNATURES

a. PARENT/SPONSOR/GUARDIAN	
b. ADMINISTRATOR	c. COUNSELOR
d. TEACHER	e. TEACHER
f. DESIGNATED MONITOR	g. OTHER

15. SUMMARY OF DISCUSSION *(Optional)*