504 Distance Learning Plan (DLP)

Student's Name:	Date:
School:	Date of Birth:
Parent/Guardian:	Grade
Address:	WVEIS:
City/State/Zip	Telephone:
Parent Email:	School Contact Email:

○ Parent reviewed/participated in making needed adjustments to student's current 504 Plan. ○ Parent reviewed/participated in development of alternative methods for plan. ○ Parent reviewed/participated in how delivery of plan would be documented.
Plan is being adjusted as followed to meet distance learning needs.
Alternative methods for delivery and plan implementations:
How will adjustments to accommodation plan be documented:

Participants:

Administrator:	504 Coordinator:
Parent/Guardian:	Adult Student:
Teacher	Other: