

IEP/504 plan accommodations and modifications tracker

Student: _____ Teacher: _____

Week of: _____ Class/subject: _____

Accommodation/modification	Description from IEP or 504 plan

Use of accommodations and modifications

Collect information about when, where, and how a student used accommodations or modifications. You can also make a note about what you needed to do to provide that support.

Date	Accommodation/modification	Teacher or student initiated?	Used?	Notes
		<input type="checkbox"/> Teacher <input type="checkbox"/> Student	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Teacher <input type="checkbox"/> Student	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Teacher <input type="checkbox"/> Student	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Date	Accommodation/ modification	Teacher or student initiated?	Used?	Notes
		<input type="checkbox"/> Teacher <input type="checkbox"/> Student	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Teacher <input type="checkbox"/> Student	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Teacher <input type="checkbox"/> Student	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Teacher <input type="checkbox"/> Student	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Teacher <input type="checkbox"/> Student	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Teacher <input type="checkbox"/> Student	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Teacher <input type="checkbox"/> Student	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Teacher <input type="checkbox"/> Student	<input type="checkbox"/> Yes <input type="checkbox"/> No	

IEP/504 plan accommodations and modifications tracker

Student: Sara Clark

Teacher: Mr. Robinson

Week of: February 3

Class/subject: Math

Accommodation/modification	Description from IEP or 504 plan
Frequent breaks	Frequent motor, sensory, or calming breaks, as needed during classroom instruction
Work/test in different setting	Access to a resource room for assignment completion, as needed during classroom instruction or testing
Preferential seating	Preferential seating, as needed during classroom instruction
Frequent checks for understanding	Frequent checks for understanding during independent work sessions
Resource room study hall	Access to adult-supported resource room study hall

Use of accommodations and modifications

Collect information about when, where, and how a student used accommodations or modifications. You can also make a note about what you needed to do to provide that support.

Date	Accommodation/modification	Teacher or student initiated?	Used?	Notes
2/3/2020	Frequent breaks	<input checked="" type="checkbox"/> Teacher <input type="checkbox"/> Student	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Teacher suggested a break when Sara had difficulty focusing on independent work.
2/3/2020	Preferential seating	<input type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Sara moved to a different desk; said she was distracted by her friends.
		<input type="checkbox"/> Teacher <input type="checkbox"/> Student	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Teacher <input type="checkbox"/> Student	<input type="checkbox"/> Yes <input type="checkbox"/> No	