

504 Accommodation Daily Log

Student: _____

Teacher: _____

Directions: Throughout the quarter, please circle YES if (STUDENT) utilizes the following accommodations or NO if the accommodations were not utilized. You are still expected to offer them.

Accommodation	Monday	Tuesday	Wednesday	Thursday	Friday
Dates:					

Fill accommodation here	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No
Was this accommodation effective?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No
Was this accommodation effective?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No
Was this accommodation effective?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No
Was this accommodation effective?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No
Was this accommodation effective?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

	Yes	Yes	Yes	Yes	Yes
		No	No	No	No

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