

## 504 Accommodation Log – 5 weeks

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	Week 1	Week 2	Week 3	Week 4	Week 5
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
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