



GUAM DEPARTMENT OF EDUCATION
SECTION 504 OF THE REHABILITATION ACT OF 1973
FORM G: EDUCATION ACCOMMODATION PLAN (EAP)

Student Name:	Student #:	DOB:	Grade:
School Name:	Date of Meeting:	Next Annual Review Date:	

Note: For every area of difficulty, please provide all required accommodations and how the progress of the accommodations will be monitored. Should you need to need additional space for the plan, please attach additional documents to the plan.

1. Area of Difficulty:

Accommodation/s:

Progress Monitored: (How accommodations will be monitored?)

2. Area of Difficulty:

Accommodation/s:

Progress Monitored: (How accommodations will be monitored?)

3. Area of Difficulty:

Accommodation/s:

Progress Monitored: (How accommodations will be monitored?)

EAP Team Members: (Print and Sign Name)

<i>Parent/Guardian:</i>	<i>Administrator/Designee:</i>
<i>Classroom Teacher:</i>	<i>Classroom Teacher (if applicable):</i>
<i>Section 504 School-Site Coordinator:</i>	<i>District 504 Coordinator (if required to attend):</i>
<i>Other Member (Indicate Position)</i>	<i>Other Member (Indicate Position)</i>