



SECTION 504 TRANSITION PLAN OUTLINE

Date: _____

Name of person completing this form: _____

Title: _____

Phone Number: _____

E-Mail Address: _____

Name and address of facility:

Necessary structural changes (if needed):

Type of action to be taken:

Person responsible for overseeing action:

Projected start date for action:

Projected completion date for action:

Projected cost for completing project: