

### SECTION 504 TEAM REVIEW MEETING

Date \_\_\_\_\_ Time \_\_\_\_\_

PARTICIPANTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STUDENT: \_\_\_\_\_ ID# \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

AGE \_\_\_\_\_ GRADE \_\_\_\_\_

REASON of INFORMATION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CHANGES SINCE THE PREVIOUS REVIEW?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PARENT STATEMENT/504 TEAM RESPONSE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENT NOTIFICATION/RIGHTS:**

\_\_\_\_\_ I was notified of the Section 504 Review Meetings (Form B attached)

\_\_\_\_\_ I received the Parent/Guardian Student Rights under Section 504 information sheet (Form C attached)

Parents/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SECTION 504 TEAM EVALUATION - DECISION**

\_\_\_\_\_ A Section 504 Plan was deemed appropriate to serve the needs of your child (Attached copy of Section 504 Plan).

\_\_\_\_\_ It was determined that the criteria for a Section 504 Plan was not met at this time.

\_\_\_\_\_ After reevaluating the criteria, it was determined that a Section 504 Plan is no longer needed.

**SIGNATURES OF TEAM MEMBERS:**

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Name/Title

Date: \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN:**

\_\_\_\_\_ I agree with the decision of the Section 504 Team

\_\_\_\_\_ I disagree with the decision of the Section 504 Team \*

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

**\* If you do not agree with this decision, you may appeal in writing within five days to the School Section 504 designee. If your appeal is not resolved, you may file a complaint with the District Section 504 Designee.**