

SECTION 504 PLAN REVIEW

Student's Name: _____ **Birth Date:** _____ **Grade:** _____ **Date:** _____

School: _____ **Building 504 Coordinator:** _____

Parent: _____ **Home Phone:** _____ **Work Phone:** _____

Parent Address: _____

504 Team Members: (fill in names and check area of knowledge)

<u>Name of Team Member</u>	<u>Child</u>	<u>Meaning of evaluation data</u>	<u>Accommodations/ placement options</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Review of performance in affected major life activity: _____

Does the existing 504 Plan still meet the student's educational needs?

_____ Yes (sign the commitment statement below)

_____ No/Unsure (The team should develop a revised 504 Plan on a new Form 2260.01A F13, or consider a reevaluation if additional information is needed prior to determining the need for any revisions.)

Commitment Signatures

District Commitment: The District will continue to implement the 504 Plan developed on _____.

Date of Implementation: _____

Building 504 Coordinator Date

Parent:

_____ I have been informed of my due process rights and procedural safeguards and have received a copy of the Section 504 Policy and Procedures.

_____ I agree with the determination and recommendations of the 504 Plan Review Team.

_____ I disagree with the determination and recommendations of the 504 Plan Review Team but will allow implementation.

_____ I disagree with the determination and recommendations of this committee and would like information on how to request a due process hearing.

_____ The reasons for my disagreement are: _____

Parent/Guardian Signature Date

Copy: Student's Cumulative File

5/12
10/12