

# Woodridge Local School District

## SECTION 504 PLAN REVIEW

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Review Meeting: \_\_\_\_\_

Brief Summary of Review Meeting/Basis for Recommendations: \_\_\_\_\_

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### Recommendations:

- Continue existing 504 Plan for the \_\_\_\_\_ school year.
- Discontinue 504 Plan\* as of \_\_\_\_\_ [date]
- Modify current 504 Plan\*
- Other recommendations:

\* A re-evaluation must be completed prior to discontinuing or significantly changing a 504 Plan.

### Review Team Participants:

Name	Relationship to Student	Agree with Determination	
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Copies to: \_\_\_\_\_ District 504 Coordinator \_\_\_\_\_ Building 504 Coordinator (principal) \_\_\_\_\_ Teacher(s)  
\_\_\_\_\_ Parent(s) \_\_\_\_\_ 504 Case Manager (School District or District Health Coordinator) \_\_\_\_\_ File

10/19/10