SECTION 504 PLAN REVIEW

Student: Date of Birth:

Date of Review Meeting:\_

Brief Summary of Review Meeting/Basis for Recommendations:

Recommendations:

* Continue existing 504 Plan for the 20\_\_\_-20\_\_\_\_ 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 | Agree with Determination | |
|  |  | * Yes | * No |
|  |  | * Yes | * No |
|  |  | * Yes | * No |
|  |  | * Yes | * No |
|  |  | * Yes | * No |
|  |  | * Yes | * No |

|  |
| --- |
| Copies to: \_\_\_\_\_\_\_\_Office of Pupil Services \_\_\_\_\_\_\_\_Building 504 Coordinator (principal) \_\_\_\_\_\_Teacher  \_\_\_\_\_\_\_\_Parents \_\_\_\_\_\_\_\_School Nurse \_\_\_\_\_\_Student file |