

Student Name:		School:	
DOB:	Grade:	Date of Plan Initiated:	Date Reviewed:
Section 504 Coordinator:			

Purpose of meeting: It is necessary to annually review the student’s participation under Section 504 accommodations and services, and make recommendations to continue, modify, or terminate such accommodations and services. (Section 504 Student Accommodation Plan should be reviewed once each year).


Recommendation(s):

- Continue the Section 504 Plan’s accommodations and services with no changes.
- Modify the present Section 504 Plan (use form 1.5 Student Accommodation Plan)
 - Mark all that apply*
 - Updated impairment/ Disability Status
 - New impairment
 - Conduct additional evaluations (AT Referral Form) or (Sped Referral Form)
- Terminate the Section 504 Plan based upon the following evaluations.

Addition comments:

The following members of the 504 team agree with the recommendations.

504 Team Signatures:

Participation Signature	Printed Name	Position/Title	Agree	Disagree
			Agree	Disagree
		Parent/Guardian		

Copies are sent to: Parent
 Students File
 All Teachers
 District Office: Student Services