



Student Services

Section 504 Reevaluation

Student Name: _____ Today's Date: _____

Student #: _____ School: _____ Grade: _____

Date of Birth: _____ Sex: _____ Race: _____

Parent/Guardian Name: _____ Parent/Guardian Phone 1: _____

Parent/Guardian Email: _____ Parent/Guardian Phone 2: _____

Reason(s) for Reevaluation:

- Annual Review
- Periodic Update of Accommodation Plan
- Program Change (Exceptional Student Education, Alternative Education, etc.) Transition to Elementary/Middle/High School
- Disciplinary Review
- Other: _____

Recommendations of the Section 504 Committee:

- Continue 504 Eligibility
 - Continue Accommodations on Existing Section 504 Plan
 - Modify Existing Section 504 Accommodation Plan
 - Continues to be eligible under Section 504 but does not require an accommodation plan at this time
- Dismissal from 504
 - Student has been determined eligible for program placement under Exceptional Student education. Education needs will be met through the IEP.
 - Student no longer qualifies under Section 504.
- Comments: _____

Conference Notes:

Section 504 Committee Signatures:

Parent/Guardian: _____ Student: _____

Parent/Guardian: _____ Administrator (designee): _____

Classroom Teacher: _____ School Counselor: _____

Classroom Teacher: _____ School Psychologist: _____

School Nurse: _____ Other: _____

Section 504 Parents' Rights Attached