



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**