**DISTRICT/SCHOOL NAME**

Date: Click or tap here to enter text. [ ]  **Annual** [ ]  **Intermittent**

Student Name: Click or tap here to enter text. Student ID#: Click or tap here to enter text.

School: Click or tap here to enter text. Grade: Click or tap here to enter text. DOB: Click or tap here to enter text.

Date of current Section 504 plan: Click or tap here to enter text. Date of current evaluation: Click or tap here to enter text.

The Section 504 Committee must include persons with knowledge of the student, the meaning of the evaluation data and the placement options.

|  |  |  |
| --- | --- | --- |
| Name/Signature | Position/Title | Date |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**INFORMATION THAT WAS REVIEWED AND CONSIDERED:**

Parent Information:

Click or tap here to enter text.

Date: Click or tap here to enter text.

Student Name: Click or tap here to enter text. Student ID#: Click or tap here to enter text.

Medical reports/ records (be specific):

 Click or tap here to enter text.

Other input (be specific):

Click or tap here to enter text.

**REVIEW OF MONITORING AND COMMUNICATION PLAN**

The Section 504 Committee reviewed the mitigating measures currently being used by the student and determined:

|  |
| --- |
|[ ]  The mitigating measures effectively address the student’s impairment and **no supports** are needed within the school. |
|[ ]  The mitigating measures effectively address the student’s impairment, but a **plan to monitor** the measures, communicate with the parent, and/or contingency or emergency plan is needed, and a Section 504 plan was developed. |
|[ ]  The mitigating measures do not effectively address the student’s impairment, and **additional supports** are needed, and a Section 504 plan was developed.  |

**REVIEW OF EXISTING SECTION 504 PLAN**

The Section 504 Committee reviewed the current Section 504 plan and determined:

|  |
| --- |
|[ ]  The mitigating measures effectively address the student’s impairment and **no supports** are needed within the school. |
|[ ]  The mitigating measures effectively address the student’s impairment, but a **plan to monitor** the measures, communicate with the parent, and/or contingency or emergency plan is needed, and a Section 504 plan was developed. |
|[ ]  The mitigating measures do not effectively address the student’s impairment, and **additional supports** are needed, and a Section 504 plan was developed.  |
|[ ]  The current Section 504 plan continues to meet the individual educational needs of the student asadequately as the needs of his/ her nondisabled peers and no revisions are needed. The Section 504 Planwill remain in effect. **No revisions needed**. |
|[ ]  The current Section 504 plan **requires revisions** to continue to meet the individual educational needs ofthe student as adequately as the needs of his/ her nondisabled peers. A revised Section 504 Plan wasdeveloped. |
|[ ]  The Committee believes that the student may have a physical or mental impairment that substantiallylimits learning, or another major life activity in such a way that the student may require the provision ofspecial education (i.e., specially designed instruction). Therefore, the student has been referred for a fullindividual evaluation to determine eligibility for special education services under the Individuals withDisabilities Education Act (IDEA). |

Date: Click or tap here to enter text.

Student Name: Click or tap here to enter text. Student ID#: Click or tap here to enter text.

ADDITIONAL INFORMATION AND NOTES: Click or tap here to enter text.

Click or tap here to enter text.

Name and title of person recording notes

Date: Click or tap here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature