A. Personal Information

Student Name:

Date of Birth:

B. Purpose of 504 Team Meeting:

[ ]  Consider Referral/Initial Evaluation

[ ]  Evaluation Planning

[ ]  Determine Eligibility

[ ]  Plan Evaluation/Reevaluation

[ ]  Determine Accommodations/Placement

[ ]  Review Plan

[ ]  Reevaluation

[ ]  Determine if recommend override of parent refusal/revocation for 504 evaluation

[ ]  Manifestation Determination

[ ]  Other (Explain):

Explanation if recommending override of parent refusal/revocation for 504 evaluation.

1. Data presented and interpreted by team:

Multiple sources of information considered (indicate each one used):

[ ]  Health Professional

[ ]  Behavioral Observations

[ ]  Aptitude Tests

[ ]  Achievement Tests

[ ]  Teacher Recommendations

[ ]  Adaptive Behavior

[ ]  Other Observations

[ ]  Other Data (specify):

2. Options discussed:

3. Decisions Made:

4. Data relevant to decisions:

C. Meeting participation:

[ ]  The parent(s) or adult student present verifies he/she has in the past received a Section 504 Parent Rights Statement and does not need the rights further explained at this time.

[ ]  The parent(s) or adult student present verifies he/she has been given the opportunity to participate in the development/review of the 504 accommodation plan.

D. The following persons, as indicated by their signatures, have participated in this 504 team meeting.

Position Signature Date

504 Chairperson

Regular Classroom Teacher

Parent or Adult Student

Parent