**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.

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| Name/Signature | Position/Title | Date |
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**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 as  adequately as the needs of his/ her nondisabled peers and no revisions are needed. The Section 504 Plan  will remain in effect. **No revisions needed**. |
|  | The current Section 504 plan **requires revisions** to continue to meet the individual educational needs of  the student as adequately as the needs of his/ her nondisabled peers. A revised Section 504 Plan was  developed. |
|  | The Committee believes that the student may have a physical or mental impairment that substantially  limits learning, or another major life activity in such a way that the student may require the provision of  special education (i.e., specially designed instruction). Therefore, the student has been referred for a full  individual evaluation to determine eligibility for special education services under the Individuals with  Disabilities 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.

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Signature