**DISTRICT/SCHOOL NAME**

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.

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

Parent(s) Name: Click or tap here to enter text. Phone: Click or tap here to enter text.

Address: Click or tap here to enter text.

The Section 504 Committee met on Click or tap here to enter text. (date) to review evaluation data and to determine whether your child is a child with a disability under Section 504 due to a physical or mental impairment that substantially limits a major life activity. The Section 504 Committee determined that your child:

|  |  |
| --- | --- |
|  | The student **DOES** have a physical or mental impairment that substantially limits a major life activity and **requires** accommodations and/or services through a Section 504 plan. Your child has been identified as a student with a disability under Section 504 due to the following physical or mental impairment:  Click or tap here to enter text. |
|  | The student **DOES** have a physical or mental impairment that substantially limits a major life activity, and **DOES NOT** **require** accommodations and/or services through a Section 504 plan, due to  the physical or mental impairment is in remission  the positive effects of mitigating measures currently in use. |
|  | The student **DOES NOT** have a physical or mental impairment or any identified impairment that substantially limits a major life activity. The student is **NOT** eligible as a student with a disability under Section 504. |
|  | The student **NO LONGER** has a physical or mental impairment that substantially limits a major life activity. The student is no longer Section 504 eligible. |
|  | The school has policies and procedures in effect prohibiting discrimination based on disability due to a record of having a disability or based on the false perceptions of others that the student has a disability. |
|  | The student **DOES NOT** currently have a physical or mental impairment that substantially limits a major life activity but **has a record** of such an impairment. As a result, your child is **not entitled** to an affirmative Section 504 process including a Section 504 Plan. |
|  | The student **DOES NOT** currently have a physical or mental impairment that substantially limits a major life activity **or a record** of such an impairment. As a result, your child is not entitled to an affirmative Section 504 process including a Section 504 Plan. |

A copy of the Section 504 evaluation and eligibility determination is attached. If you have any questions concerning this decision, please call: Click or tap here to enter text. at: Click or tap here to enter text..