



SECTION 504 PLAN REVIEW

(Form I)

Palo Community Schools

Student's Name: _____ DOB: _____ Grade: _____ Date: _____

School: _____ Building 504 Coordinator: _____

Parent's Name: _____ Phone Number: _____

Parent's Address: _____

Street
City
State
Zip

504 Team Members: (fill in names and check areas of knowledge):

<u>Name of Team Member</u>	<u>Child</u>	<u>Meaning of Eval. Data</u>	<u>Accommodations or Placement Options</u>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Review of performance in affected major life activity:

Does the existing 504 Plan still meet the student's educational needs?

- Yes (sign the commitment statement below)
- No/Unsure (The Team should develop a revised 504 Plan on a new Form H, or consider a reevaluation if additional information is needed prior to determining the need for any revisions.)

District Commitment: The District will continue to implement the 504 Plan developed on _____.

Signature of Building 504 Coordinator

Date

Parent:

- I have been informed of my due process rights and procedural safeguards and have received a copy of the Section 504 Policy and Procedures.
- I agree with the determination and recommendations of this committee.
- I disagree with the determination and recommendations of this committee but will allow implementation. The reasons for my disagreement are: _____
- I disagree with the determination and recommendations of this committee and would like information on how to request a due process hearing. The reasons for my disagreement are: _____

Parent/Guardian Signature

Date