SECTION 504 PLAN REVIEW

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| NAME: | DATE OF BIRTH: date |
| SCHOOL: | AGE: |
| DATE OF 504 PLAN Review: date | GRADE: |

**Brief Summary of Review Meeting/Basis for Recommendations:**

**Recommendations:**

**Continue existing 504 Plan**

**Modify Current 504 Plan\***

**Recommend Reevaluation to consider Discontinuation of 504 Plan\***

**Other recommendations:**

\*A re-evaluation must be completed prior to discontinuing or significantly changing a 504 Plan.

## Review Team:

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| Participants | Position/Title | Date |
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