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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