

Section 504
Prior Written Notice
(check all boxes that apply)

Students Name: _____ Date of Birth: _____ Student #: _____
School: _____ District: _____

Evaluation:

Your child will be evaluated for Section 504 accommodations based on all available evidence. i.e. medical information, state test, teacher evaluation, observations, attendance and any other available information

Implement Accommodations:

A Section 504 accommodation plan has been developed based on _____ which substantially limits life activities which includes access to the school curriculum.

Reevaluation:

Annually each student qualifying for a Section 504 accommodation plan is reevaluated to assess current student needs. Their Section 504 plan will then be revised or changed according to their current needs.

Exited from Section 504:

If student no longer qualifies based on a disability which substantially limits life activities they will be exited from Section 504 status.

LEA Decision to not initiate or change Section 504 status:

LEA will not initiate or change your child's Section 504 at this time.

LEA/Section 504 Monitor's Signature _____

Parent/Guardian(s) Signature _____

* See Section 504 **Procedural Safeguards** for students/parents' rights (34 C.F.R. Section 104.36)