

## Section 504 Annual Review

This form is used to guide the review process and to document the occurrence of an annual review as part of a student's Section 504 plan.

Review Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Summary of progress and date to support the progress:**

**504 student accommodation/service plan needs:**

- No modifications needed. Continue with plan as written.
- Adjustments needed. See 504 Student Plan for adjustments.
- New plan needed. Plan to be written by \_\_\_\_/\_\_\_\_/\_\_\_\_
- Plan discontinued because:
  - Student no longer has an impairment **OR** they are no longer substantially limited **OR** the impairment does not impact a major life activity/major bodily function..
  - Student meets IDEA eligibility requirements and will have an IEP.

Team Member Name	Signature	Position/Title
		Parent/Guardian
		Administrator/Designee
		Teacher
		Teacher
		Other

Parent/guardian received a copy of *A Parent's Guide to Section 504* \_\_\_\_ Yes \_\_\_\_ No

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Note:** Copies should be provided to parent/guardian, Section 504 Folder, and the Section 504 Coordinator.