

SECTION 504 ANNUAL REVIEW MEETING

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Annual Section 504 Meeting*

Name: _____ Meeting Date: _____
 Last Name First Middle

Primary Language: _____ Grade: _____ Student ID #: _____

Date of Birth: _____ Age: _____ Male _____ Female _____

Address: _____
 Street Apt. # City Zip Code

Telephone: (Home) _____ (Work) _____ (Cell) _____

School of Attendance: _____

1. The Section 504 team reviewed the following:

- | | | |
|--|------------------------------|-----------------------------|
| The student Section 504 plan accommodations were reviewed. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| The student medical history was reviewed. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| The student academic records were reviewed. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| The student behavioral record was reviewed. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| The student assessments and tests were reviewed. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| The student attendance record was reviewed. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| The student Section 504 evaluation data was reviewed. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| The student services were reviewed. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Describe the physical or mental impairment which substantially limits one or more major life activities.

1. The Section 504 team determined that the student's mental or physical impairment substantially limits one or more of a major life activities:

- | | | |
|-----------------------|------------------------------|-----------------------------|
| a. Walking | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Seeing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Speaking | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Breathing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Learning | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Caring for oneself | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Describe any accommodations implemented to date:

***Note: Do not complete if this is an initial Section 504 meeting.**

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3. The Section 504 team determined that the student's 504 plan and placement were appropriate and the identified services and strategies were provided consistent with the student's 504 plan and placement. Yes No
4. The student accommodation plan was revised. Yes No
- If yes, please refer to the student Section 504 accommodation plan on pages 39 and 40.
 - If no, attach the current student Section 504 accommodation plan on pages 39 and 40.
7. Section 504 Student Behavior Support Plan:
- a. Student does have a behavior support plan Yes No
 - b. Reviewed Yes No
 - c. Revised Yes No
8. Please mark appropriate response below: (check one only)
- a. Student meets eligibility requirements under Section 504 and accommodations will continue to be implemented. Yes No
 - b. Student meets eligibility requirements under Section 504 yet accommodations are not necessary. Yes No
 - If no, must provide evaluation report and relevant information. Please complete Section 504 Exit form on page 48.
 - c. Student does not meet eligibility requirements under Section 504. Yes No
 - If no, must provide evaluation report and relevant information. Please complete Section 504 Exit form on page 48.

_____ I have received the "MDUSD Section 504 Notice of Parent/Guardian and Student Rights" and the MDUSD Board Policy 6164.6

_____ I agree with the determination noted above.

_____ I do not agree with the determination noted above and understand that I have rights set forth in the Procedural Safeguards provided to me.

Parent/Guardian Signature: _____ Date: _____

Signature of others participating in the Section 504 Team Meeting:

Administrator/Designee: _____	Date: _____
Teacher(s): _____	Date: _____
_____	Date: _____
Student: _____	Date: _____
Others: _____	Title _____ Date _____
_____	_____
_____	_____
_____	_____