

**Section 504 Exit Form**

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: _____			

The 504 team met to review the planned Student Section 504 Accommodation Plan. The Section 504 meeting notes and the written evaluation report must be attached to this Section 504 Exit form. (See below.)

- Student meets eligibility requirements under Section 504, yet accommodations are not necessary.  
If no, must provide evaluation report and relevant information.
- Student does not meet eligibility requirements under Section 504.  
If no, must provide evaluation report and relevant information.

Provide evidence including student grades, attendance, behavior/discipline records, academic record, medical history, Section 504 Plan, assessment data, and relevant documents including a written evaluation report on the response checked above.

***Check all that apply:***

- Current placement provides sufficient support.
- Medication serves to prevent condition from impacting a major life activity.
- Parent/guardian request to exit student from Section 504 accommodations  
(Provide documentation in the written evaluation report as stated above.)
- Other (Please provide relevant documentation as stated above.)

The 504 team recognizes that a meeting to review this decision may be called at any time by any member of the team.

_____ I have received the "MDUSD Notice of Parent/Guardian and Student Rights" and 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 _____
_____	_____
_____	_____