OFFICIAL SCHOOL USE ONLY

Mt. Diablo Unified School District
Section 504 Transitional Meeting Form

*School Contact: _____ ☐ Principal ☐ Vice Principal ☐ SSC ☐ Other _____ Date: _____

Current School: _____ Next School Year Middle/High School: _____

Section 504 student next year grade level (please check one): ☐ 6th ☐ 9th

Section 504 Students	Student ID Number	504 Transition Meeting held	Parents/guardians attended transition meeting	Date of Transition Meeting	Meeting / Contact Made	Contact Date (mm/yy)	504 Plan reviewed	Continue 504 Services	Academic record reviewed	Activity Tracker reviewed	Attendance record reviewed
		Yes No	Yes No	__/__/__	Yes No	__/__	Yes No	Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	__/__/__	Yes No	__/__	Yes No	Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	__/__/__	Yes No	__/__	Yes No	Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	__/__/__	Yes No	__/__	Yes No	Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	__/__/__	Yes No	__/__	Yes No	Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	__/__/__	Yes No	__/__	Yes No	Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	__/__/__	Yes No	__/__	Yes No	Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	__/__/__	Yes No	__/__	Yes No	Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	__/__/__	Yes No	__/__	Yes No	Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	__/__/__	Yes No	__/__	Yes No	Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	__/__/__	Yes No	__/__	Yes No	Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	__/__/__	Yes No	__/__	Yes No	Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	__/__/__	Yes No	__/__	Yes No	Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	__/__/__	Yes No	__/__	Yes No	Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	__/__/__	Yes No	__/__	Yes No	Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	__/__/__	Yes No	__/__	Yes No	Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	__/__/__	Yes No	__/__	Yes No	Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	__/__/__	Yes No	__/__	Yes No	Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	__/__/__	Yes No	__/__	Yes No	Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	__/__/__	Yes No	__/__	Yes No	Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	__/__/__	Yes No	__/__	Yes No	Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	__/__/__	Yes No	__/__	Yes No	Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	__/__/__	Yes No	__/__	Yes No	Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	__/__/__	Yes No	__/__	Yes No	Yes No	Yes No	Yes No	Yes No

Please submit on or before the second week of June to Student Services Office.
Please submit a separate form for each school site.
Note: Current school staff to complete the form and send to the next school year 504 coordinator.

White — School Canary — Student Services Pink — Parent