

## SECTION 504 REVIEW TEAM MEETING

Date \_\_\_\_\_ Time \_\_\_\_\_

Participants:

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ ID # \_\_\_\_\_

Parent Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Home \_\_\_\_\_

A Section 504 Plan was deemed appropri