

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.

Resource provided by Central Rivers AEA ~ Updated August 2017 ~ Permission granted to educational organizations to copy and use