

KENTUCKY PUBLIC SCHOOL DISTRICT SECTION 504 MEETING SUMMARY REPORT

A. Personal Information

Student Name:

Date of Birth:

B. Purpose of 504 Team Meeting:

- Consider Referral/Initial Evaluation
- Evaluation Planning
- Determine Eligibility
- Plan Evaluation/Reevaluation
- Determine Accommodations/Placement
- Review Plan
- Reevaluation
- Determine if recommend override of parent refusal/revocation for 504 evaluation
- Manifestation Determination
- Other (Explain):

Explanation if recommending override of parent refusal/revocation for 504 evaluation.

1. Data presented and interpreted by team:

Multiple sources of information considered (indicate each one used):

- Health Professional
- Behavioral Observations
- Aptitude Tests
- Achievement Tests
- Teacher Recommendations
- Adaptive Behavior
- Other Observations
- Other Data (specify):

2. Options discussed:

3. Decisions Made:

4. Data relevant to decisions:

C. Meeting participation:

- The parent(s) or adult student present verifies he/she has in the past received a Section 504 Parent Rights Statement and does not need the rights further explained at this time.
- The parent(s) or adult student present verifies he/she has been given the opportunity to participate in the development/review of the 504 accommodation plan.

D. The following persons, as indicated by their signatures, have participated in this 504 team meeting.

Position	Signature	Date
504 Chairperson	<input type="text"/>	
Regular Classroom Teacher	<input type="text"/>	
Parent or Adult Student	<input type="text"/>	
Parent	<input type="text"/>	