

Kentucky Public School District Section 504 Meeting Summary Report

District Name:

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
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504 Chairperson		
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Regular Classroom Teacher		
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Parent or Adult Student		
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Parent		
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