

**Section 504****Prior Written Notice**

(check all boxes that apply)

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Student #: \_\_\_\_\_

School: \_\_\_\_\_ District: \_\_\_\_\_

☐ **Evaluation:**

Your child will be evaluated for Section 504 accommodations based on all available evidence. i.e. medical information, state test, teacher evaluation, observations, attendance and any other available information.

☐ **Implement Accommodations:**

A section 504 accommodation plan has been developed based on \_\_\_\_\_ which substantially limits life activities which includes access to the school curriculum.

☐ **Reevaluation:**

Annually each student qualifying for a Section 504 accommodation plan is reevaluated to assess current student needs. Their Section 504 plan will then be revised or changed according to their current needs.

☐ **Exited from Section 504:**

If student no longer qualifies based on a disability which substantially limits life activities they will be exited from Section 504 status.

☐ **LEA Decision to not initiate or change Section 504 status:**

LEA will not initiate or change your child's Section 504 at this time.

LEA/Section 504 Monitor's signature \_\_\_\_\_

Parent/Guardian(s) signature \_\_\_\_\_