

The School District of Lee County

504 PLAN REVIEW FORM

Student Name _____ I.D.# _____ D.O.B. _____

School _____ Grade _____

Date of Parent Notice for 504 CST Meeting to Confirm Eligibility & Review Effectiveness of Student's 504 Plan _____

Date of 504 CST Meeting to Confirm Eligibility & Review Effectiveness of Student's 504 Plan _____

CONFIRMATION OF STUDENT'S CONTINUED 504 ELIGIBILITY:

As evidenced by documentation presented and discussed at the CST Meeting, does the student continue to have a physical or mental condition? If yes, describe the physical or mental condition that supports the student's eligibility under Section 504:

Does the student's physical or mental condition continue to substantially limit a major life activity (i.e. caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, etc)? Is yes, describe how the disability significantly affects the major life activity:

The CST has reviewed the files of the above named student and concludes that he/she DOES DOES NOT continue to meet the classification as a qualified individual under Section 504 of the Rehabilitation Act of 1973 and its Amendments.

Note: If the answer to either question above is "no", then the student is no longer eligible under Section 504.

INDIVIDUALS PRESENT AT THE CHILD STUDY TEAM MEETING

Parent (s): _____ Administrator: _____

Teacher (s) : _____ Equity Coord/504 Chair: _____

_____ School Counselor*: _____

_____ Psychologist*: _____

_____ Social Worker*: _____

Other: _____ Nurse*: _____

Other: _____ ESOL Representative*: _____

* Appropriate school personnel will be invited to attend the CST Meeting as determined by the school's Equity Coordinator/504 Chair

THIS FORM AND ALL FORMS RELATED TO 504 ELIGIBILITY AND/OR ACCOMMODATIONS SHOULD BE PLACED IN A PURPLE FOLDER IN THE STUDENT'S CUMULATIVE RECORD. COPIES SHOULD BE GIVEN TO THE PARENTS.