
Section 504 Conference Summary

Student Name: [REDACTED] Date of Birth: [REDACTED] Grade: 09

School: Eastern High School Phone: [REDACTED]

Date: 02/28/2024

Purpose of 504 Team meeting (Check all that apply.)

☐	Initial Evaluation
☐	Determine Eligibility
☐	Determine Accommodations/Placement
☒	Review
☒	Re-evaluation
☐	Manifestation Determination
☐	Other (Explain.) _____

Data presented/reviewed/interpreted by the Section 504 Team (Check all that apply.)

☐	Aptitude Tests
☐	Achievement Tests
☒	Teacher Recommendations/Observations
☐	Rating Scales
☐	School Health Plan
☐	Health History Form
☐	Independent Educational Evaluation
☐	Medical Questionnaire/Statement

Options Discussed:

The committee met to re-evaluate a 504 Plan for [REDACTED]. Parent shared that math is hardest for her and can depend on teaching style. The teacher shared that the student misses class often and makes it hard to learn the material. Relationship with peer was discussed and parent shared that the student facings anxiety. Additional feedback was shared. The student/parent shared that sometimes it is challenging to get to class on time since she is new to school.

**Section 504 Conference Summary (cont.)**

Factors relevant to options/decisions:

Parent was reminded of rights and paperwork will be shared with family for records.



The parent(s) present verifies he or she has in the past, received a Section 504 Notice of Parent(s) for Guardian(s)/ Student Rights and does/does not need the rights further explained at this time.



The parent(s) present verifies he or she has been given the opportunity to participate in the development of the Section 504 Accommodation Plan and placement.

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


(Printed Name)

(Signature)

Student
(Position) 2/28/24
(Date)
(Printed Name)

(Signature)

Parent
(Position) 2/28/24
(Date)Matthew Key
(Printed Name)

(Signature)

Teacher
(Position) 2/28/24
(Date)Jaime Fitch
(Printed Name)

(Signature)

School Counselor
(Position) 2/28/24
(Date)Lydia Caines
(Printed Name)

(Signature)

Counseling Intern
(Position) 2/28/24
(Date)
(Printed Name)

(Signature)

(Position)
(Date)
(Printed Name)

(Signature)

(Position)
(Date)