



USD 464 TONGANOXIE

REPORT OF STAFFING SECTION 504

Student Name _____

Date of Staffing _____ School _____ Grade _____

Type of Meeting: _____ Initial Staffing _____ Program Review _____ Section 504 Termination

Nature of concern:

The school staffing team has completed an evaluation and determined the following regarding the basis of your child's disability and its affect in the school setting:

Your child's educational needs were reviewed. As a result, your child has been determined to:
 Be eligible for a 504 Accommodations Plan Not be eligible for a 504 Accommodation Plan
 Need to continue the 504 Accommodation Plan Need a revised Accommodation Plan
 No longer need a 504 Accommodation Plan

Team Members Present:

Position:

If you would like additional information or have questions specific to the team's decision, contact:

Staff Member

Position

Phone