

SAU 24

504 TEAM MEETING MINUTES

Student's Name:	DOB:	Age:
School:	Grade:	
Case Manager/Contact Person:		
Date of Meeting:	Minutes Prepared by:	

The purpose(s) of the meeting:	The participants:
<input type="checkbox"/> Initial Referral/Eligibility	504 Coordinator: Not Present
<input type="checkbox"/> 504 Plan Review	Administrator: Not Present
<input type="checkbox"/> Evaluation/Re-evaluation	Regular Teacher:
<input type="checkbox"/> Parent Request	Evaluator(s):
<input type="checkbox"/> Transfer Student	Parent(s):
<input type="checkbox"/> Disciplinary Change of Placement	Other:
<input type="checkbox"/> Initial Plan Development	Other:
<input type="checkbox"/> Other	

Summary of Discussion:

Determinations:

* Provide parent /guardian with procedural safeguards during or following meeting