



Student:	Date:
Student ID:	Grade:
School:	Teacher:
504 Site Manager:	504 Service Coordinator:
Purpose of meeting: <input type="checkbox"/> Annual Review <input type="checkbox"/> Interim Review (to discuss possible changes) <input type="checkbox"/> Manifestation Determination <input type="checkbox"/> Other:	Note: Due to COVID-19 and State's Mandate of School Closures on March 13,2020; the 504 team discussed service options based on student educational needs. Distance Learning will be in effect until state reopens the schools/educational settings. When School Resumes: student's services will be provided as stated per this 504 Plan.
Team reviewed the following information: <input type="checkbox"/> Academic Records <input type="checkbox"/> Behavior Records <input type="checkbox"/> Attendance Records <input type="checkbox"/> Teacher Input <input type="checkbox"/> Recent Medical History <input type="checkbox"/> Other:	
Notes / Comments:	
Recommendation: <input type="checkbox"/> Continue present services with no changes <input type="checkbox"/> Revise the present Accommodations Plan (see new plan attached) <input type="checkbox"/> Conduct additional evaluations <input type="checkbox"/> Exit from Section 504 (document on Eligibility Determination form) <input type="checkbox"/> Other (Please explain):	
The following members of the Section 504 Team participated in this review:* *Due to Covid-19 School Closure - All parties will give verbal authorization and approval as documented below and initialed by _____ who served as recorder for this meeting. ____ Initials	
Name	Title/Role Date
	Parent/Guardian
	Student (if appropriate)
	504 Site Manager
	504 Service Coordinator
	Teacher
<input type="checkbox"/> I have received a copy of Section 504 Parent/Guardian Rights.	
_____ Parent / Guardian	_____ Date
<i>Please send copy to District 504 Coordinator at 504-Coordinator@stocktonusd.net, place a copy in the student's cumulative folder, and provide a copy to the parent/guardian.</i>	

Section 504 Services Annual/Interim Plan Review

**Documentation of 504 meeting participation and signatures/
authorizations under Covid-19 based school closure**

Student Name:	Student ID:	Meeting Date:
Verification of parent/caregiver phone number, email, and address:		
Parent/Caregiver name:		
Parent/Caregiver phone number:		
Parent/Caregiver email:		
Parent/Caregiver mailing address:		
Meeting was held by: phone conference virtual meeting - which platform: other:		
Who participated and how (phone, Zoom, Google Meet, Go To Meeting, etc):		
Name	Role/Title	How they participated
	Parent/Guardian	
	Site 504 Manager/Administrator	
	504 Service Coordinator	
	Teacher	
Family agreed to participate by: Verbal consent by phone Consent by text message Emailed statement Other		Covid Letter provided to family by: Mail E-Mail Text Other
Parent/Guardian Rights provided by: Mail E-mail Text Other		Copy of 504 Plan provided to family by: Mail E-mail Text Other