

Section 504 Transfer Review

Student Name	ID #	Date of Birth	School	Grade
Today's Date				
Committee Membership	By regulation, the Section 504 Committee is a group of knowledgeable people. Within the group, each required type of knowledge must be present. List each member attending and check the area of knowledge each provides (attach an additional sheet if necessary). Each required area of knowledge must be present on the committee.			
Member Name	Position/Title	This member has knowledge of...		
		<input type="checkbox"/> The child <input type="checkbox"/> The evaluation data <input type="checkbox"/> The placement options		
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Procedural Checklist	Complete Questions 1-4. Please verify by checkmark that each requirement is completed before proceeding.			
1. Verify that the §504 Committee is a group, including a person with knowledge in each of the required areas.				
2. Verify the Student's dominant language: _____ Dominant language of the home: _____				
3. Verify that the parent received Notice of Parent Rights under §504				
4. Verify <i>how</i> the parent was informed of the date, time, and place for this meeting (check one)				
<input type="checkbox"/> In writing (Attach STS0080) <input type="checkbox"/> By phone <input type="checkbox"/> In person				
Supporting Documentation	The Committee reviewed and carefully considered data gathered from a variety of sources, including information from previous school district. [Please check each type of data reviewed by the Committee, or attach copies of the data.]			
	<input type="checkbox"/> Parent Input	<input type="checkbox"/> Student work portfolio	<input type="checkbox"/> Grade reports	
	<input type="checkbox"/> Standardized Tests and Other Tests	<input type="checkbox"/> Discipline records/referrals	<input type="checkbox"/> Early Intervention data	
	<input type="checkbox"/> Mitigating Measures	<input type="checkbox"/> Teacher/Administrator input	<input type="checkbox"/> School Health information	
	<input type="checkbox"/> Medical Evaluations/Diagnoses	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
NOTE: If information from a conversation or other data in unwritten form was considered, please attach written notes summarizing the conversation or data.				
Committee Decision	<input type="checkbox"/> A <u>transfer plan was NOT received</u> , a reevaluation will be conducted. The student will remain eligible with no accommodation plan until a reevaluation is completed. Notice/Consent for Evaluation under Section 504 (STS0132) must be obtained and meeting concluded until further information is collected. Sign below. <input type="checkbox"/> Supporting documentation was received and the <u>transfer plan was NOT appropriate</u> . Notice/Consent for Evaluation under Section 504 (STS0132) must be obtained and meeting concluded until further information is collected. The student will remain eligible and the transfer plan will be put in place until the reevaluation is completed. Sign below. <input type="checkbox"/> Supporting documentation was received and the <u>transfer plan was accepted</u> , it will be implemented until next reevaluation. Sign Below and continue completing the Section 504 Individual Accommodation Plan . <input type="checkbox"/> Supporting documentation was received and the <u>transfer plan needs revision</u> . Sign Below and continue completing the Section 504 Individual Accommodation Plan .			
Committee Member Signatures	Section 504 Designee	Evaluation Specialist	Nurse	
	Administrator	Teacher	Teacher	
	Teacher	Teacher	Teacher	
	Other	Other	Other	
	Parent/Guardian Signature:			
I have received a copy of the Parent/Student Rights in identification, evaluation, and placement under Section 504 of the Rehabilitation Act of 1973. Parent/Guardian initials _____ Date ____/____/____				