



## Section 504 EVALUATION TEAM SIGNATURES

Date of 504 Plan Meeting \_\_\_\_\_

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

School Year \_\_\_\_\_

School \_\_\_\_\_

Perm ID # \_\_\_\_\_

Grade \_\_\_\_\_

By signing below, the following Section 504 Evaluation Team members acknowledge their participation in this Section 504 evaluation meeting and indicate their area of knowledge with regards to student.

*Signatures of Section 504 Evaluation Team:*

Name \_\_\_\_\_ Title \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Knowledge of: ☐ Student ☐ Evaluation Data ☐ Educational Placement

Name \_\_\_\_\_ Title \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Knowledge of: ☐ Student ☐ Evaluation Data ☐ Educational Placement

Name \_\_\_\_\_ Title \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Knowledge of: ☐ Student ☐ Evaluation Data ☐ Educational Placement

Name \_\_\_\_\_ Title \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Knowledge of: ☐ Student ☐ Evaluation Data ☐ Educational Placement

Name \_\_\_\_\_ Title \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Knowledge of: ☐ Student ☐ Evaluation Data ☐ Educational Placement

Name \_\_\_\_\_ Title \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Knowledge of: ☐ Student ☐ Evaluation Data ☐ Educational Placement

For additional information or assistance please call:

Al Bennett, District Section 504 Coordinator Chino Valley  
Unified School District  
5130 Riverside Drive, Chino, CA 91710  
909-628-1201, Ext. 6745