

**Section 504**  
**TEAM ELIGIBILITY DECISION**

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

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

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

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

School \_\_\_\_\_

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

Grade \_\_\_\_\_

Dear Parent/Guardian:

The Section 504 Evaluation Team met to evaluate your student to determine if he/she has a mental/physical impairment that substantially limits a major life activity.

☐ Your student **MET THE CRITERIA** for qualification under Section 504 and a plan was developed. Attached is a copy of your student's Section 504 Accommodation Plan.

☐ Your student **DOES NOT MEET THE CRITERIA** to qualify under Section 504.

A parent/guardian has the right to appeal the school site's decision with regard to the identification, evaluation, or accommodation of students under Section 504. Please consult the attached Parent/Guardian Procedural Safeguards for appeal procedures.

For additional information or assistance, parents/guardians may call the District Section 504 Coordinator:

Al Bennett, District Section 504 Coordinator  
Child Welfare and Attendance  
5130 Riverside Drive, Chino, CA 91710  
909-628-1201, Ext. 6745

Sincerely,

School Section 504 Coordinator

Attachments: Procedural Safeguards (Form C)  
Section 504 Accommodation Plan, if applicable