



Student Achievement • Safe Schools • Positive School Climate
Humility • Civility • Service

Chino Valley Unified School District
Student Support Services

Section 504 PLAN EXIT DETERMINATION

Date of 504 Plan Meeting _____

Student's Name _____

Date of Birth _____

School Year _____

School _____

Perm ID # _____

Grade _____

☐ Re-Evaluation ☐ Other _____

The Section 504 Evaluation Team met to review the above-named student's Section 504 Accommodation Plan. The meeting notes and the written evaluation report are attached to this exit form. Evidence which includes student's grades, attendance, behavior/discipline records, academic record, medical history, copy of current 504 Plan, assessment data, and all other relevant documents is attached.

☐ I AGREE with the Evaluation Team's determination that my student no longer meets eligibility for Section 504 accommodations

☐ I AGREE with the Evaluation Team's determination that my student will be transferring from a Section 504 Plan to an Individualized Education Plan (IEP).

☐ I DO NOT AGREE with the Evaluation Team's determination and understand that I have rights set forth in the Procedural Safeguards provided to me.

Parent Signature _____ Date _____

Signature of Re-Evaluation Team participants:

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

Attachments _____