

Section 504 Team Meeting Notification – Team

(Forward a copy to each teacher)

Initial Information _____

Review/Eligibility _____

Annual _____

Other _____

Team members:

Please plan to attend a 504 Team Meeting for the following student:

Student _____

Date _____

Time _____

Location _____

Be prepared to discuss student academic (grades, tests, missing assignments, etc.) and social progress, strengths, area(s) of concern, and documented interventions (implemented/duration/& results), student portfolios, behavioral observations, etc.