



530 Perryville St • Harrodsburg, KY 40330
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SECTION 504 MEETING SUMMARY REPORT

Student Name		School	
Date of Birth		Date of Meeting	
Grade		Date of Next Review	

A) Purpose of the Meeting:

- | | |
|---|--|
| <input type="checkbox"/> Consider a 504 referral/initial evaluation | <input type="checkbox"/> Manifestation Determination |
| <input type="checkbox"/> Plan an evaluation/reevaluation | <input type="checkbox"/> Review health needs |
| <input type="checkbox"/> Determine Eligibility for Section 504 | <input type="checkbox"/> Review of placement |
| <input type="checkbox"/> Determine accommodations | <input type="checkbox"/> Review instructional progress |
| <input type="checkbox"/> Update accommodation plan | <input type="checkbox"/> Discuss student/activity/program access needs or program modifications needed |
| <input type="checkbox"/> Annual review | |
| <input type="checkbox"/> Other: <input type="text"/> | |

B) Data Discussed and Considered:

- | | |
|---|--|
| <input type="checkbox"/> Aptitude Tests | <input type="checkbox"/> Physical Conditions |
| <input type="checkbox"/> Achievement Tests | <input type="checkbox"/> Social/Cultural Background |
| <input type="checkbox"/> Teacher Recommendations | <input type="checkbox"/> Adaptive Behavior |
| <input type="checkbox"/> See attached evaluation report | <input type="checkbox"/> Other: <input type="text"/> |

C) Options Discussed and Relevant Factors Decisions:

Notes continued on page 3

D) Meeting participation:

- The parent(s) or adult student present verifies he/she has in the past received a Section 504 Parent Rights Statement and does not need the rights further explained at this time.
- The parent(s) or adult student present verifies he/she has been given the opportunity to participate in the development/review of the 504 accommodation plan.

E) The following persons, as indicated by their signatures, have participated in this 504 meeting:

Signature	Position

C) Options Discussed and Relevant Factors Decisions, continued from page 1

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