**FORM K-1 Clare-Gladwin Regional Education Service District**

**SECTION 504 PLAN**

**Date of Meeting:**

**Student Name: Date of Birth:**

**School Building Attending: Grade:**

**Parent/Guardian Name:**

**Address:**

**Phone: Email:**

**PURPOSE OF MEETING**

Initial Review Redetermination Other

**PARENT CONTACT**

|  |  |
| --- | --- |
| Method of Contact: | Phone, Email, Letter, Etc. |
| Contacted By: | Name of Person Contacting Parent |
| Date Contacted: | Date Parent Contacted |

**MEETING PARTICIPANTS** Team members should include persons knowledge about the student, the meaning of evaluation data, and placement options.

|  |  |
| --- | --- |
| ***Parent/Guardian*** | ***Administrator/Designee*** |
| ***Parent/Guardian*** | ***Student’s Teacher*** |
| ***Additional School Staff*** | ***Additional School Staff*** |
| ***Additional School Staff*** | ***Additional School Staff*** |
| ***Other*** | ***Other*** |
| ***Other*** | ***Other*** |