		Date:	Grade:
Section	on 504 Plan File Checklist		
Check	type of meeting, then check all do	ocuments before sending to S	Special Programs Office
	Initial Eligibility □ Parent's Rights offered □ Prior Notice/Consent for Evaluation Request for Medical Info (if re □ Reports or evaluation data if a Initial Evaluation/Eligibility Def	eturned) available	t if used
	Annual Update (without meeting) □ Parent's Rights offered □ Annual Accommodation Plan		nent
<u>Distril</u>	oution Checklist (copies to all exce	ept Special Programs Office n	nay be digital)
	Original with all documents checked Copy of 504 sent to parents Copy of 504 sent to student cum file Copy of 504 sent to Counselor's offic Copy of 504 sent to relevant staff Copy of 504 sent to Dining Services Copy of 504 sent to Transportation D	ce Department as appropriate	fice

Student Name: