

Macon County Board of Education Section 504 of the Rehabilitation Act

**Section 504 Team Decision Regarding Referral or Eligibility
FORM H**

School Name: _____

Date:

To:

Parent(s)/Custodian(s)

RE: The Section 504 Team Meeting held on: _____ For your child: _____

The Section 504 Team met to determine whether the Section 504 referral for your child is appropriate.

The Team determined to not proceed with a Section 504 evaluation.

The Team determined to proceed with a Section 504 evaluation.

The Section 504 Team met to evaluate your child to determine if he/she has a mental/physical impairment that substantially limits a major life activity. The attached “Section 504 Evaluation/Eligibility Determination Documentation” summarizes the result of the evaluation meeting. The decision of the Section 504 Team as to your child is that he/she is:

Eligible under Section 504 Not Eligible under Section 504

***ATTACHMENT: "Parent/Custodian Procedural Safeguards under Section 504 of the Rehabilitation Act of 1973" (Form C)**