

Macon County Board of Education Section 504 of the Rehabilitation Act

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

School Name:	
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Date:	
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To:	
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Parent(s)/Custodian(s)

RE: The Section 504 Team Meeting held on:	For your child:
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- ☐ 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)**