Livonia Public Schools

SECTION 504 CHECKLIST

FORM A

Studen	t Name:		_ Date of Birth:	
School	Buildin	g Attending:	Grade:	
1.		ection 504 Referral ☐ Receive signed Section 504 Referral for Evaluation (Form B) ☐ Date received by the School District		
2.		Consent for Evaluation Provide parent Section 504 Notice of Referral and Provide parent Section 504 Notice of Procedural 2 Date parent consent received by the District Date evaluation should be completed (30 school days from date consent received for interpretations.)	Safeguards (<u>Form C</u>).	
3.	□ □ No	Identify Section 504 team members (persons whethe meaning of evaluation data, and placement op Determine needed evaluation data. Note: Eva from a variety of sources. Seek parent consent to obtain medical information Send Letter to Physician (Form G) and Physician te: A parent is not required to provide the spermission to contact the student's physician Use Teacher Input forms (Form I), if appropriate	otions) filuation information should be obtained n, if appropriate (Form F) n's Statement (Form H) School District medical information or	
4.		Determine date, time, and location for meeting Notify Section 504 team members of meeting date Send parent Section 504 Meeting Notice and InviConvene meeting Review evaluation data and determine eligibility/Complete Section 504 Plan (Form K) Provide parent Notice of Procedural Safeguards (If parent is not present at meeting, send copprocedural Safeguards, to home address	continued eligibility Form C	
5.		504 Plan Implementation Notify persons with implementation responsible responsibilities under the Plan Monitor the student's progress and the effectivened Review the Plan at least annually and whenever the Reevaluate at least every three years.	ess of the Plan	