

Section 504 Plan Closing Form

Student Name:

Date:

School:

Grade:

1. In the space below, briefly describe the reason for closing the student's 504 plan referencing the three qualifying criteria listed below:

- A physical or mental impairment (has a history of having a physical or mental impairment)
- That substantially limits
- One or more major life activities

2. The following Section 504 Team has determined that the 504 accommodation plan currently in place for the above named student is no longer needed. (Please have the building principal or building 504 coordinator or designee sign off on each Section 504 Closing Form).

Signatures and titles of participants:

_____	_____
_____	_____
_____	_____

Building Principal, Section 504 Coordinator, or Designee Signature: _____

Parent/Guardian Signature: _____

(I understand that, if I disagree with the content of this termination form, I have the right to ask for a Section 504 review meeting by filing a written request with the school principal, building 504 coordinator, or designee.)

3. Attach this completed form to the front of the student's Section 504 Accommodation Plan. Both closed and active Section 504 Accommodation plans are to be maintained in the students cumulative file as documentation of services.