

# Lincoln County Schools SECTION 504 ANNUAL REVIEW

**STUDENT:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **DATE OF REVIEW MEETING:** \_\_\_\_\_

“Section 504 Review/Reevaluation Notice” and “Notice of Section 504 Parental Rights” sent to parent:  
(date sent: \_\_\_\_\_)

Existing eligibility determination reviewed    \_\_\_ Yes    \_\_\_ No

Existing accommodation plan reviewed        \_\_\_ Yes    \_\_\_ No

Recommendations of the 504 review team:

\_\_\_ Continue with current Section 504 identification, but with no accommodation plan

\_\_\_ Continue with current accommodations. **Complete new “Section 504 Equal Education Opportunity/Accommodation Plan” form to reflect current year/dates and teachers**

\_\_\_ Revise existing plan. **Complete new “Section 504 Equal Education Opportunity/Accommodation Plan” form to reflect revisions, current year/dates and teachers**

\_\_\_ Reevaluate for eligibility. **Complete “Section 504 Initial Disability Determination & Reevaluation” form**

Justification for above decision:

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504 Team Members:

Signature	Printed Name and Title	Date
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