# Section 504 Exit Form

Student: _____ Birth Date: _____

Grade:_____ School: _____ Date of Report: _____

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**Review of Relevant Information:**
Parent observations/information:


Teacher(s) observations:



**Reason for Exit:**
- ❑ Discontinue: There is no longer a handicapping condition that requires accommodations
- ❑ Discontinue: Student has an IEP
- ❑ Inactive: Student transferred out of School District
- ❑ Inactive: Student dropped out of school on _____.
- ❑ Graduated on _____.
- ❑ Other:

**After completing the Section 504** review for _____ (Student's name)  it is the belief of the committee that the student no longer meets the criteria under Section 504 and that his/her Individual Accommodation Plan is no longer necessary.

Please note that at any time this situation changes the committee can reconvene and a re-evaluation will be conducted.

**Parent(s)/Guardian(s) should be present or have prior knowledge of the exit from services through Section 504.**

| | **Name** | **Initials** |
|---|---|---|
| **Parent/Guardian:** | _____ | _____ |
| **Student:** | _____ | _____ |
| **Section 504 Coordinator:** | _____ | _____ |
| **School Administrator:** | _____ | _____ |
| **Nurse:** | _____ | _____ |
| **Teacher:** | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |