

504 Memorandum of Conference

Raleigh County Schools

Student's Name: _____ WVEIS # _____ Date: _____

School: _____ Grade: _____ Date of Birth: _____

Parent/Guardian (s): _____ Phone #: _____

Address: _____

Student has a 504 Plan due to: _____

Reason for Conference/Communication/Meeting and Problem Description:

Explain action(s) taken. (If student's 504 Accommodation Plan is edited in any way, dissemination and verification procedures apply. Parent notification and/or input are required.)

Is the student's 504 Plan comprehensive and appropriate? _____ Yes _____ No

Is the student's 504 Plan being implemented and followed? _____ Yes _____ No

Does the 504 Plan need to be modified? _____ Yes _____ No

Participants: _____ Title: _____ Date: _____
_____ Title: _____ Date: _____
_____ Title: _____ Date: _____
_____ Title: _____ Date: _____

If an evaluation request is being made, please forward this form to the Allen Sexton, Special Education Office.

If you are requesting evaluations to consider special education/IDEA eligibility, utilize special education procedures and forms (consent, PWN, and tracking form).