

THOMASTON PUBLIC SCHOOLS
Section 504 Plan Termination Form

Student's Name: _____ Date of Birth: _____ Grade: _____
School: _____ Date of Meeting: _____

In the space below, briefly describe the reason for terminating 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

The following eligibility team has determined that the 504 Accommodations Plan currently in place for the above named student is no longer needed: **(Please include Building Principal's signature on each Section 504 Plan Termination Form.)**

Signature	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Parent/Guardian Signature: _____ Date: _____

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 Director of Pupil Services (District 504 Coordinator).

(Attach this completed form to the front of the student's Section 504 Accommodation Plan. Both terminated and active Section 504 Accommodation plans are to be maintained in the student's cumulative file.)