

**THOMASTON PUBLIC SCHOOLS**  
**504 Review Meeting**  
**SUMMARY REPORT**

Student Name: \_\_\_\_\_ Date of Meeting: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Initial Plan: \_\_\_\_\_

School: \_\_\_\_\_ Teacher/Counselor: \_\_\_\_\_

**Team Members Present:**

Administrator/Designee: \_\_\_\_\_ Nurse: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Student: \_\_\_\_\_

Teacher(s): \_\_\_\_\_ Teacher(s): \_\_\_\_\_

Teacher(s): \_\_\_\_\_ Teacher(s): \_\_\_\_\_

Teacher(s): \_\_\_\_\_ Teacher(s): \_\_\_\_\_

Guidance: \_\_\_\_\_ Other: \_\_\_\_\_

The purpose of this meeting is to:

- |   |   |
|---|---|
| <input type="checkbox"/> Discuss Evaluation Issues        | <input type="checkbox"/> Develop Accommodation Plan |
| <input type="checkbox"/> Review/Revise Accommodation Plan | <input type="checkbox"/> Other _____                |

Meeting Summary: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Next Projected 504 Meeting is: \_\_\_\_\_

Recommendations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Chairperson/Case Manager \_\_\_\_\_ Date: \_\_\_\_\_

cc: Appropriate Staff  
Student's Cumulative File