Weber School District
s504 Eligibility Re-evaluation

Student's Name:_____Birthdate:_____

_____ has received s504 services in the past and now the s504 team is conducting a periodic re-evaluation.

1. Do the members of the s504 team have knowledge about the student, the meaning of the evaluation data and/or accommodation options? Yes____ No____
2. Does the student have a physical or mental disability that substantially limits one or more major life activity? Yes____ No____

   Specify the impairment(s):_____

   Specify the major life activity(s) impaired: _____

☐ A re-evaluation has occurred and the result of that assessment is that the student continues to be eligible for s504 services.

☐ A re-evaluation has occurred and the result of that assessment is that the student is no longer eligible for s504 services.

☐ A re-evaluation has occurred and the result of that assessment is that the student continues to be eligible for s504 services. However, the parents have decided that accommodations are no longer necessary and have chosen to discontinue services.

s504 Team Signatures	Title	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have received a copy of the notice of Section 504 rights.

_____ _____
Parent Signature Date