

Student Name Birth Date

School Grade Other ID#

Parent/Guardian Phone -

Building 504 Coordinator Date

Date of initial 504 Plan Recommended date of discontinuation

Reason for revocation/discontinuation:

Supporting data for revocation/discontinuation (if applicable):

Attendance Standardized Assessments (please list)

Grades

Compliance Other

I agree with and support the revocation/discontinuation of this 504 plan.

Parent/Guardian Signature Date

Team Member Signature	Title	Agree/Disagree	Date