

PULASKI COUNTY SCHOOLS

SECTION 504 PLAN TERMINATION FORM

Student Name: _____

Student ID No: _____ **School:** _____

Grade: _____ **Date:** _____

Briefly describe the reason for terminating the student's current Section 504 plan referencing the qualifying criteria below and how it is **no longer a factor for the student receiving a free and appropriate public education.**

- A physical or mental impairment that substantially limits one or more major life activities

The following eligibility team has determined that the Section 504 accommodation plan currently in place for the above named student is no longer needed.

Signatures and titles of participants:

_____ <i>Signature</i>	_____ <i>Title</i>	_____ <i>Signature</i>	_____ <i>Title</i>
_____ <i>Signature</i>	_____ <i>Title</i>	_____ <i>Signature</i>	_____ <i>Title</i>
_____ <i>Signature</i>	_____ <i>Title</i>	_____ <i>Signature</i>	_____ <i>Title</i>

Building principal, Building 504 coordinator, or Designee signature (**required**): _____

(By signing, I acknowledge 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 school principal, building Section 504 coordinator, or designee.)

Parent/Guardian Signature:
