

504 MEMORANDUM OF CONFERENCE

Student's Name _____ WVEIS # _____ Date: _____
 School: _____ Grade: _____ Date of Birth: _____
 Parent/Guardian (s): _____ Phone #: _____
 Address: _____
 Student has a 504 Plan due to: _____

Reason for Conference/Communication/Meeting and Problem Description:

Explain action(s) taken (If adjustments to student's 504 is/are being made, dissemination and verification procedures apply). Parent notification and/or input are required.)

Is the student's 504 Plan comprehensive and appropriate?	Yes	No
Is the student's 504 Plan being implemented and followed?	Yes	No
Does the 504 Plan need to be modified?	Yes	No

Participants: _____ Title: _____ Date: _____
 _____ Title: _____ Date: _____
 _____ Title: _____ Date: _____
 _____ Title: _____ Date: _____

If you are making an evaluation request, please forward this form, and appropriate parent/guardian/adult 504 consent for evaluation(s). If you are making evaluation requests to consider special education/IDEA eligibility, utilize special education procedures and forms (consent, PWN, and tracking form).