# 504 Discontinuation Form

Student name:       DOB:

School:       Grade:       ID#:

Parent/Guardian:       Phone:

Building 504 Coordinator:       Date:

Date of Initial 504 Plan:       Recommended date of discontinuation:

Reason for Discontinuation:

Supporting Data for Discontinuation (if applicable):

Attendance

Grades

Standardized Assessments

ITBS/ITED Star Reading  Star Math DIBELS

Compliance

Other

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent signature)

|  |  |  |  |
| --- | --- | --- | --- |
| **Team Member Signature** | **Title** | **Agree / Disagree** | **Date** |
|  |  | Agree Disagree |  |
|  |  | Agree Disagree |  |
|  |  | Agree Disagree |  |