



*Type Name of School District Here*  
Section 504 Team Meeting Log

\_\_\_\_\_  
**Student Name**

\_\_\_\_\_  
**School**

\_\_\_\_\_  
**Grade**

\_\_\_\_\_  
**Academic Year**

Meeting Date	Meeting Purpose	Attendees (please initial; <i>does not replace signature on 504 plan</i> )	
		Parent _____ Student _____ Teacher _____ Teacher _____	Counselor _____ Nurse _____ Administrator _____ Other _____
		Parent _____ Student _____ Teacher _____ Teacher _____	Counselor _____ Nurse _____ Administrator _____ Other _____
		Parent _____ Student _____ Teacher _____ Teacher _____	Counselor _____ Nurse _____ Administrator _____ Other _____
		Parent _____ Student _____ Teacher _____ Teacher _____	Counselor _____ Nurse _____ Administrator _____ Other _____