Section 504 Team Meeting Log

Student Name	School	Grade	Academic Year
_____	_____	_____	_____

Meeting Date	Meeting Purpose	Attendees (please initial; *does not replace signature on 504 plan*)	
		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 _____