



Ceres Unified School District

SECTION 504 SUMMARY OF FINDINGS

Student's Name _____ Birthdate _____ Age _____ Sex _____
Student's ID# (CSIS) _____ Grade or Subject _____
School _____ Teacher _____
Section 504 School Liaison _____ Phone No. _____
Date of Referral _____ Date of Parent Conference _____ Annual Review Date for Service Plan _____

Summary of Review of Records:

Summary of Intellect and Academic Abilities:

Summary of Teacher Information:

Summary of Parent Information:

Summary Statement of Findings/Recommendations:

The 504 Team determined that:

- This student is a Section 504 disabled individual.-see 504 Individual Accommodation Plan (Form 6a/b)
- This student is not a Section 504 disabled individual because:
- The student does not exhibit a Section 504 disability.
- The student does not exhibit a significant limitation in learning or other major life activity which significantly impacts learning

Comments:

Parent has received due process rights (Form 3)

Members of the 504 Committee-Sign & Date

Case Manager _____
Administrator _____
Other _____
Other _____

Parent _____
Teacher _____
Other _____
Other _____