

Sevier County Section 504 Plan Termination Form

Student Name: _____

Student I.D.: _____

School: _____

Grade: _____

Date: _____

In the space below, briefly describe the reason for terminating the student's 504 plan referencing the three qualifying criteria listed below.

- A physical or mental impairment (has a history of having a physical or mental impairment)
- That **substantially** limits
- One or more major life activities

The following eligibility team has determined that the 504-accommodation plan currently in place for the above named student is no longer needed. (Please have the building principal or building 504 coordinator or designee signs off on each Section 504 Termination Form.)

Signatures and titles of participants:

Building principal, building 504 coordinator
or designee signature

Parent/guardian signature _____

(I understand that, if I disagree with the content of this termination form, I have the right to ask for a Section 504 review meeting by filing a written request with the school principal, building 504 coordinator or designee.)

Attach this completed form to the front of the student *Section 504 Accommodation Plan*. Both terminated and active Section-504 Accommodations plans are to be maintained the student cumulative file.