

**WELLS-OGUNQUIT CSD
504 TEAM MEETING MINUTES**

Student's Name: _____ DOB: _____ Age: _____
School: _____ Grade: _____
Parent/Guardian: _____
Case Manager/Contact Person: _____
Date of Meeting: _____ Minutes Prepared by: _____

The purpose(s) of the meeting is:

- Initial Referral/Eligibility
- Annual Review
- Evaluation /Re-evaluation
- Parent Request
- Transfer Student
- Other

Participants:

504 Coordinator: _____
Administrator: _____
Regular Teacher: _____
Evaluator(s): _____
Parent(s): _____
Other: _____
Other: _____

Summary of Discussion:

Determinations: