

San Antonio Independent School District Section 504 Folder Review Form

Student: _____ **Student ID#** _____

Yes	Yes	Yes	Yes	Yes	Response to Intervention Plan Required Forms and Supporting Documents
No	No	No	No	No	
Yes	Yes	Yes	Yes	Yes	Other: _____
No	No	No	No	No	
Yes	Yes	Yes	Yes	Yes	504 Referral Form
No	No	No	No	No	
Yes	Yes	Yes	Yes	Yes	Section 504 Receipt of Rights
No	No	No	No	No	
Yes	Yes	Yes	Yes	Yes	Notice and Consent for Initial Section 504 Evaluation form
No	No	No	No	No	
Yes	Yes	Yes	Yes	Yes	Notice of Section 504 Committee Meeting
No	No	No	No	No	
Yes	Yes	Yes	Yes	Yes	Section 504 Evaluation
No	No	No	No	No	
Yes	Yes	Yes	Yes	Yes	Notice of Section 504 Evaluation Results
No	No	No	No	No	
Yes	Yes	Yes	Yes	Yes	Section 504 Accommodation Plan
No	No	No	No	No	
Yes	Yes	Yes	Yes	Yes	Dyslexia/504 Data Entry Form
No	No	No	No	No	
Yes	Yes	Yes	Yes	Yes	Section 504 Manifestation Determination (if/when appropriate during time 504 Services provided)
No	No	No	No	No	
Yes	Yes	Yes	Yes	Yes	Notice of Section 504 Committee Meeting (Annual Reviews)*
No	No	No	No	No	
Yes	Yes	Yes	Yes	Yes	Section 504 Accommodation Plan (Annual Reviews)*
No	No	No	No	No	
Yes	Yes	Yes	Yes	Yes	Acknowledgement of 504 Records
No	No	No	No	No	
Yes	Yes	Yes	Yes	Yes	Section 504 Eligibility Folder Access
No	No	No	No	No	
					Reviewer's Signature

Reviews must be held annually or sooner if the identified accommodations are not successful.

**The Data Entry form is used when a student qualifies for 504 services and when a student no longer qualifies for 504 services.