



GUAM DEPARTMENT OF EDUCATION
SECTION 504 OF THE REHABILITATION ACT OF 1973
FORM B: SECTION 504 SITE COORDINATOR MEETING NOTES/PROCESS

STUDENT NAME:	STUDENT #:	DOB:	GRADE:	SCHOOL NAME:
CHECK MARK TYPE OF MEETING:				
<input type="checkbox"/> Eligibility	<input type="checkbox"/> EAP Annual Review	<input type="checkbox"/> EAP Update	<input type="checkbox"/> EAP Termination	
<input type="checkbox"/> EAP Transition	<input type="checkbox"/> EAP Re-Evaluation	<input type="checkbox"/> EAP Manifestation	<input type="checkbox"/> EAP Inactive (Termination)	
<input type="checkbox"/> Other (Specify)				
EAP TEAM MEMBERS:				
Name & Position	Date Notified	Present at Meeting (Yes or NO)	Other Comments:	
MEETING AGENDA ITEMS DISCUSSED				
<input type="checkbox"/> Procedural Safeguards ✓ <i>Section 504 Coordination reads parents/guardians their rights under Section 504 of the Rehabilitation Act of 1973</i>				
<input type="checkbox"/> Introduction of all members				
<input type="checkbox"/> Eligibility and Evaluation Meeting (Only) ✓ <i>Review of Student Intake Form</i> ✓ <i>Review of the Child Study Team Documents</i> ✓ <i>Does the child have a physical or mental impairment which substantially limits one or more of his or her major life activities?</i> ✓ <i>Identify the major life activity on Form G</i> ✓ <i>Is the child disabled under Section 504?</i> • If YES, proceed to the EAP Process. • If NO, STOP and refer student to the Child Study Team for alternative interventions.				
<input type="checkbox"/> EAP Process (For all types of meetings) ✓ <i>Identify Area of Difficulty (ies) in the following: environment and instruction.</i> ✓ <i>Identified Appropriate Accommodations to address area of difficulty</i> ✓ <i>Identify how accommodations will be monitored.</i> ^ <i>For Transition, Manifestation, Grievance meetings, reference Section 504 Manual for purpose of meetings.</i>				
<input type="checkbox"/> Closure (For all types of meetings) ✓ <i>Summarize meeting using the Prior Written Notice and obtain signatures.</i>				
<input type="checkbox"/> EAP Update ✓ <i>Have you received new data that warrants an amendment to the existing EAP?</i> ✓ <i>If yes, amend, as appropriate.</i> ^ <i>No meeting requirement.</i> ^ <i>Section 504 Site Coordinator informs teachers of the updated EAP.</i>				
<input type="checkbox"/> EAP Termination ✓ <i>Prior Written Notice of the change of placement</i> ✓ <i>Section 504 Site Coordinator informs teachers of the termination.</i>				
NOTES: Section 504 School-Site Coordinator is responsible to document all information regarding the case. Use the back of the form to document or attach additional notes, if needed.				
SECTION 504 SITE COORDINATOR SIGNATURE:		DATE:		



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ADDITIONAL NOTES, IF NEEDED