

## *Type Name of School District Here* Section 504 Team Meeting Log

Student Name	School	Grade	Academic Year	
Meeting Date	Meeting Purpose	Attendees (please initial; o	endees (please initial; does not replace signature on 504 plan)	
		Parent	Counselor	
		Student	Nurse	
		Teacher	Administrator	
		Teacher	Other	
		Parent	Counselor	
		Student	Nurse	
		Teacher	Administrator	
		Teacher	Other	
		Parent	Counselor	
		Student	Nurse	
		Teacher	Administrator	
		Teacher	Other	
		Parent	Counselor	
		Student	Nurse	
		Teacher	Administrator	
		Teacher	Other	