

SECTION 504

PARENT PARTICIPATION
DOCUMENTATION OF EFFORT FORM

STUDENT: _____ SCHOOL: _____

Please document your efforts to include the parent in the meeting for:

- _____ Manifestation Determination Review (MDR) decision.
- _____ Exit from Section 504 services
- _____ to complete the Section 504 Checklist for Students with Medical Disabilities
- _____ Other _____

	<u>DATE</u>	<u>TIME</u>	<u>METHOD OF CONTACT</u>	<u>CONTACT PERSON*</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

If parent does not participate, please explain: _____

* For Contact Person, list the name of the person you spoke with and relationship to student. At least 3 attempts must be documented before the determination decision may be made without the parent participating.