

Step 8B: 504 Discontinuation Parent Notification

Date

To the Parents of (insert student name):

It has been decided by your student's referral team that their 504 plan will be discontinued due to circumstances specific to their disability. Please sign and date this correspondence to indicate your participation in this decision and your acceptance of the discontinuation.

Parent Signature:

Date:

Sincerely,

Chuck Bengel, 504 Coordinator