



**Notice of Discontinuation**

Student: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Dear :

You are receiving this notice because your child no longer requires a Section 504 Plan. That determination was based upon:

- a reevaluation conducted by the Section 504 Team indicated your child no longer has a mental or physical impairment that substantially limits a major life activity and therefore is no longer eligible for a Section 504 Plan. (see enclosed Section 504 Eligibility Determination form)
- your child has begun receiving special education services and the needed accommodations, aids and supports are included as part of their Individual Education Program (IEP) plan.
- your withdrawal of consent or other written request to withdraw your child from a Section 504 plan.

If you have questions, please contact:

-  
Name

-  
Position

-  
Telephone

Enclosed: Notice of Parent/Student Rights