

SOUTH BEND COMMUNITY SCHOOL CORPORATION

**REGULAR EDUCATION INTERVENTION PLAN  
(504 CONFERENCE COMMITTEE REPORT)**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Grade: \_\_\_\_\_ Ethnic Background: \_\_\_\_\_

Home School: \_\_\_\_\_ Home School Corporation: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (emergency) \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

504 Conference was convened for above mentioned student on: \_\_\_\_\_  
(date)

Initial Conference \_\_\_\_\_ Case Review \_\_\_\_\_

The following data was presented: \_\_\_\_\_

Options Discussed: \_\_\_\_\_

Were options accepted? \_\_\_\_\_ If not, describe reason options were rejected: \_\_\_\_\_

Alternative educational opportunities available on a temporary or permanent basis: \_\_\_\_\_

Other factors relevant to options/decisions: \_\_\_\_\_

**Recommendations:**

On the basis of the data presented, the following decision was made:

- Student qualifies for services  
(refer to Regular Education Intervention Plan)
- Student does not qualify.

Program recommendation: \_\_\_\_\_