

**SOUTH BEND COMMUNITY SCHOOL CORPORATION  
REGULAR EDUCATION INTERVENTION PLAN  
(504 CONFERENCE COMMITTEE REPORT (page 2))**

Student's Name: \_\_\_\_\_

Date of Implementation: \_\_\_\_\_ Termination: \_\_\_\_\_

**Conference Participation**

**A. Parents/Guardians**

- 1. I have been given the opportunity to participate in the development of the "Regular Education Intervention Plan."
  
- 2. I understand the contents and reasons for the program recommended and have received an explanation in writing.
  
- 3. I have been informed verbally of my rights and under Section 504 options by  
\_\_\_\_\_ on \_\_\_\_\_.  
(Staff Member) (Date)
  
- 4. Permission for the program to begin is  granted  denied.

\_\_\_\_\_  
(Parent/Guardian Signature)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. Other Participants**

_____ Building Principal	_____ Guidance Counselor
_____ Regular Class Teacher	_____ Other
_____ Regular Class Teacher	_____ Other
_____ Other	_____ Other

White: Student's Cum

Canary: Student Services

Pink: Parent