



**TORRINGTON PUBLIC SCHOOLS
AGREEMENT TO CHANGE SECTION 504 PLAN WITHOUT CONVENING A SECTION 504
MEETING**

Student: _____ DOB: _____ Grade: _____

School: _____ 504 Plan Being Changed: _____

Parent/Guardian: _____

We agree to make the changes to the student's Section 504 Plan as described in the documents specified below and which are attached to this agreement. We understand that these changes were not made at a Section 504 meeting. We agree only to the changes described in the attached documents. We understand that this agreement is optional and that the parent can request a Section 504 meeting at any time to review the Plan. We understand that this agreement can be made only if the changes are not part of an Annual Review of the student's program.

Parent/Guardian Signature

Date

School District Representative

Date

This agreement must be signed by an administrator of the school district who has full authority to sign such a document on behalf of the school district and who is knowledgeable about the general education curriculum and is knowledgeable about the availability of resources of the public agency.

The following documents are attached to this agreement:

	Amendments (please specify)	
	Other (please specify)	