

SCHOOL LETTERHEAD

NOTICE OF SECTION 504 MEETING

Date: _____

Student: _____

DOB: _____

Dear Parent/Guardian:

The Section 504 Committee will be meeting to discuss:

- ____ the results of the Section 504 evaluation/reevaluation
- ____ the development of the Individual Accommodation Plan (IAP)
- ____ exit from Section 504 services
- ____ the completion of the Checklist for Section 504 Students with Medical Disabilities
- ____ disciplinary actions – Manifestation Determination Review meeting
- ____ other _____

Your presence is requested at this meeting to aid the team in addressing your child's educational needs at this time relative to the above check item(s).

The meeting is scheduled for:

Date: _____

Time: _____

Location: _____

If you cannot attend the meeting at this time, please contact the Section 504 Chairperson.

Please return the bottom part of this form to your child's teacher as soon as possible.

Sincerely,

Section 504 Chairperson

Contact phone # _____

E-mail address _____

[Check the appropriate item(s)]

_____ I will attend the Section 504 committee meeting.

_____ I will not attend the Section 504 committee meeting.

Student's Name: _____

Parent's Signature: _____ Date signed: _____