

INVITATION SECTION 504 MEETING



Name:
School:
Date of Plan:

Date of Birth:
Age:
Grade:

- ☐ Initial Section 504 Evaluation
- ☐ Ineligible for Section 504 Services
- ☐ Section 504 Reevaluation
- ☐ Section 504 Accommodation Plan Initial
- ☐ Section 504 Accommodation Plan Revision
- ☐ Section 504 Manifestation Determination Review

Dear _____ (Parent/Guardian)

You are invited to attend a Section 504 meeting to discuss your child. The purpose of this meeting is indicated above. If the purpose of the meeting is for Evaluation or Reevaluation, the team will determine if your child is identified as disabled pursuant to Section 504. If eligible, the team will determine if services, including but not limited to accommodations/modifications/interventions, are needed and a Section 504 plan will be prepared. You are encouraged to attend this meeting. If you are unable to attend, you may participate by telephone or submit written input. Please note that as a parent of a student who is or may be eligible for protection pursuant to Section 504, you have specific rights that are outlined in the enclosed Section 504/ADA Procedural Information and Rights.

The meeting is scheduled as follows:

Date: _____ Time: _____ Location: _____

The school staff members listed below have been involved in the education of your child and may attend the meeting or be represented by someone who is knowledgeable about your child and the information that will be reviewed in the meeting.

If you have any questions, please contact me at _____.

Signature of 504 Compliance Officer (school principal or designee)

Date

504 Team Members:

