

Type of Meeting
 Initial
 Review

**PARENT/GUARDIAN NOTICE
OF SECTION 504 ELIGIBILITY & ACCOMMODATION PLAN MEETING**

Dear _____ Date _____

We are planning a meeting of the Section 504 Eligibility & Accommodation Team concerning your child, _____, Date of Birth: _____. You are invited to attend and participate in this meeting for:

Date _____ Time _____

Place _____

The purpose of this meeting is to discuss or review your child's eligibility and need for reasonable accommodation under Section 504 of the 1973 Rehabilitation Act. If your child is determined to be disabled within the meaning of Section 504, he/she shall be eligible for reasonable accommodation and the school shall develop a written accommodation plan. This plan shall specify the modifications, which will be made in the regular education program in order to ensure the student a free appropriate education.

We anticipate that the following individuals will be in attendance:

_____ School Principal
_____ Regular Classroom Teacher(s)
_____ School Psychologist(s)

_____ School Nurse(s)
_____ Speech and Language Specialist
_____ Other: _____

Signature

Title

Telephone

Please check one below and return this form as soon as possible in the enclosed stamped, self-address envelope.

If you bring an advocate or attorney, you must notify the District in advance of the meeting.

1. _____ I will attend the meeting as scheduled above.
2. _____ I would like to attend the meeting but cannot come at the time scheduled. Please call me at _____ to arrange for another time.
3. _____ I need an interpreter who speaks _____.
4. _____ My son/daughter will participate in the meeting.
5. _____ I will bring an advocate/attorney to the meeting.

Parent Signature

Date