Section 504
PARENT/GUARDIAN NOTICE
OF SECTION 504 TEAM MEETING

Date of 504 Plan Meeting _____

Student's Name	Date of Birth	School Year
School	Perm ID #	Grade

☐ Initial   ☐ Re-Evaluation

Dear Parent/Guardian:

We have received a request for referral for a Section 504 evaluation for your student. As part of our ongoing effort to assist your student to be a better learner, members of our Section 504 Evaluation Team would like to complete an evaluation. The results of the evaluation will be used to determine the best ways to meet your student's needs in his/her instructional setting and/or program.

School staff will be involved in observations, interviews, a review of cumulative records, work samples, and other data collection. If you have any current medical, psychological, or outside tutoring records you wish the team to consider, please provide copies of these records for the meeting.

Section 504 evaluation meeting will be held:

Date	Time	Place

Although your participation in this evaluation meeting is not required by law, your attendance at the meeting would be welcome. You may also provide any of the informational records (mentioned above) that you feel might assist the Section 504 Evaluation Team in making decisions about your student's instructional program.

Please check one: ☐ I will attend the meeting   ☐ I am unable to attend this meeting

Please check the following, sign below, and return the signed copy of this form to the school as soon as possible before the date of the planned meeting:

☐ I understand that a copy of the results of the meeting will be provided to me whether I am present or not.

☐ I have received a copy of the Parent/Guardian Procedural Safeguards under Section 504.

If you have any questions or need additional information, you may address your question to:

School Section 504 Coordinator:		Phone:	

Parent/Guardian Signature _____   Date _____

Attachment: Procedural Safeguards (Form C)