DISTRICT NAME

Address

NOTICE OF SECTION 504 CONFERENCE

Student Name:	Birth Date:	Age:
	Gender:	
School:	Grade:	Teacher:
Student Address:	City:	State: Zip:
Parent(s) Name(s):		
Home Phone:	Cell Phone:	Work Phone:
Date:		
Dear		
In order to discuss the educational needs of	your child, you are invited t	o attend a conference at:
Location:		
Date and Time:		
A. The purpose of this meeting: (check	all that apply)	
 Discuss results of Section 504 evaluation Develop a Section 504 plan Review progress 	nation/Section 504 eligibility	<i>'</i>
_ Review and revise your child's Sec		f disability to disablinary and
violation	Consider relatedness of	of disability to disciplinary code
- -	Review your child's el Other (specify):	ligibility under Section 504
The invited individuals and their titles a	re listed below:	
-, Parents		
-, Principal		
-, Teacher		
Signature of Building 504 Coordinator	Date	Telephone No.

We encourage you to attend and participate in this meeting. You have the right to bring other individuals at your discretion. Please notify me as soon as possible if you require an interpreter or translator, or if you have any questions regarding the meeting.

Enclosed with this notice if a copy of your procedural safeguards under Section 504. If you have any

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questions regarding your rights under Section 504, please contact our Section 504 Coordinator.

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Student Name: Birth Date:		
Please complete this portion of this document and return it to your child's school by		
I will attend the Section 504 Committee r parent(s)/guardian(s) Rights.	neeting and I acknowledge receipt of the	
I will not attend the Section 504 Committed parent(s)/guardian(s) rights.	ree meeting. I acknowledge receipt of the	
Please send a copy of the appropriate reco	ords after the meeting.	
The student will attend the Section 504 C	ommittee meeting.	
	including formal or informal test results, work samples te the names of additional persons you would like to attended like to bring to the meeting.	
1		
2		