District Letter Head

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| Section 504 Notice of Conference |

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| **Student Information** | | |
| **Student Name:** | | **Date:** |
| **Date of Birth:** | **District ID:** | **Grade:** |
| **Attending District:** | **Attending School:** | |
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| Dear Parent or Student (when 18 years of age) | | |
| In order to discuss the educational needs of your child, you are invited to attend a meeting at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on (Date):\_\_\_\_\_\_\_\_\_\_\_ , at (time)\_\_\_\_\_\_\_\_\_\_\_ in(room)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | | |
|  Conference of Meeting  Manifestation Determination  Annual/Periodic Review  Reevaluation | | |
| *The purpose of this meeting:­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­* | | |
|  Discuss results of evaluation and/or file review of existing information to determine Section 504 Eligibility | | |
|  If eligible, develop a 504 plan | | |
|  Review instructional progress | | |
|  Review of placement | | |
|  Discuss school misconduct/infraction as it relates to disability | | |
|  Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Individuals invited to attend are:** | | |
| **Name** | **Title/Position** | **Agency** |
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| You have the right to bring other individuals to discuss accommodations your child may need. If you plan to invite others, would like an interpreter to be available, or have questions, please contact me by date: \_\_\_\_\_\_\_\_\_\_\_\_\_. If you choose to not participate, the meeting will be conducted without you. You will be sent copies of the paperwork.  Sincerely,  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  € A copy of Parent/Student Rights in Identification, Evaluation and Placement; Section 504 of the Rehabilitation Act of 1973 has been given to parent. | | |