



SECTION 504 – MEETING NOTICE AND INVITATION

Student Name:

ID:

Date of Birth:

Serving School:

Grade:

Invitation Date:

Purpose of Meeting:

Dear , , :

You are invited to attend a meeting to determine or review your child's eligibility for services under Section 504 of the Rehabilitation Act of 1973. If it is determined that your child *is* or *continues* to be eligible, a Section 504 Plan may be *developed (or reviewed and revised)* at this meeting.

You are invited to attend a Section 504 manifestation determination meeting to review whether your child's misconduct was a manifestation of {his,her} disability.

The meeting will be held on at .

The School District has invited the following persons to attend the meeting:

Conference Participants (Name and Title):

Name/Title	Name/Title
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You are encouraged to attend this meeting and participate in the decision-making process. You have the right to bring other individuals, at your discretion, to this conference. If the meeting date or time is not convenient for you, please contact at at your earliest convenience, and we will attempt to make other arrangements.

Enclosure: Parent Rights in Brief



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Date of Notice:

Date/Time of Meeting:

Parent Response

Your participation in this meeting is very important. Please check one of the statements below. Return the entire form to the 504 Building Facilitator at your child's school.

- ☐ **I will attend the meeting scheduled above.**
- ☐ **I will NOT be able to attend the meeting scheduled above.** Please schedule another meeting. The following dates/times are possibilities for me: _____
- ☐ **I am unable to attend the meeting.** However, I will be available by telephone or could attend virtually. Please contact me at _____ to make phone or virtual arrangements.
- ☐ **I am unable to attend the meeting** but understand that my child's educational program will be discussed and that a written summary of the meeting and assessment reports, when applicable, will be sent to me.

Parent/Guardian Signature

Date