



PARENT INVITATION TO SECTION 504 MEETING (FORM B)

Dear Parent/Guardian:

This letter is to make you aware of the need to consider whether your child, due to a possible disability, is entitled to certain protections under Section 504 of the Rehabilitation Act of 1973, and/or of the need to review your child's educational program. We are planning a conference as follows:

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Meeting Location: \_\_\_\_\_ Meeting Date: \_\_\_\_\_ Meeting Time: \_\_\_\_\_

The purpose of this conference will be:

- checkbox review/discuss present educational status/504 Plan
checkbox discuss a referral for possible 504 eligibility
checkbox discuss the possible need to evaluate/reevaluate your child
checkbox discuss evaluation results/determine 504 eligibility

The following persons have been invited to attend this meeting:

Blank lines for listing invited persons.

Enclosed please find a copy of your rights under Section 504. Please complete the reply form below and return it to the Building 504 Coordinator by: \_\_\_\_\_. Should you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

Building 504 Coordinator \_\_\_\_\_ Date \_\_\_\_\_ Telephone Number \_\_\_\_\_

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

- checkbox I will attend the Section 504 meeting and I acknowledge receipt of the parent/guardian rights.
checkbox I will not attend the Section 504 meeting. I acknowledge receipt of the parent/guardian rights.
checkbox Please send a copy of the appropriate records after the meeting.

You are welcome to bring any information, including formal or informal test results, work samples, medical records, etc. to the meeting. Please write the names of additional persons you would like to attend the meeting or any additional persons you would like to bring to the meeting.

1. \_\_\_\_\_ 2. \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_