**DISTRICT/SCHOOL NAME**

Date: Click or tap here to enter text.

Student Name: Click or tap here to enter text. Student ID#: Click or tap here to enter text.

School: Click or tap here to enter text. Grade: Click or tap here to enter text. DOB: Click or tap here to enter text.

Parent(s) Name: Click or tap here to enter text. Phone: Click or tap here to enter text.

Address: Click or tap here to enter text.

Dear Parent or Guardian:

This letter is to invite you to a Section 504 meeting to review your child’s Section 504 plan and continued eligibility.

We have scheduled a meeting on (date) Click or tap here to enter text. at (time) Click or tap here to enter text..

This meeting will be held at (location) Click or tap here to enter text..

The meeting is scheduled for the following reason(s)

[ ]  Annual review

[ ]  Intermittent review

[ ]  Re-evaluation

[ ]  Manifestation Determination (prior to disciplinary removal constituting a change in placement)

[ ]  Other: Click or tap here to enter text.

As a parent, you are a partner in your child's education, and your input into the decisions of the Section 504 Committee is important. We would like you to attend the Section 504 Committee meeting.

If you have any questions, cannot attend, or if this meeting time is not convenient for you, please call me at Click or tap here to enter text.. We will discuss your questions or arrange a mutually convenient meeting time. A description of your rights under Section 504 is attached.

Sincerely,

Click or tap here to enter text.

Section 504 Representative

Encl: Section 504 Procedural Safeguards