

Parental Notice of Section 504
Initial Evaluation Committee Meeting

Date: _____

To Parent(s) Guardian(s) of: _____ Birthdate: _____

School: _____ Grade: _____

Teacher: _____

The student name above has been referred to the school district as possibly being eligible under Section 504 as having a disabling condition.

This letter is to provide you with written notice that, to determine whether your child is eligible, an evaluation will be conducted at a Section 504 Committee Meeting. Your attendance at this meeting is welcomed, but is not required by law. However, should you have any documentation, medical or otherwise that you wish the committee to consider, please forward to the school counselor.

Date of Meeting: _____ Time: _____
Location: _____

If your child is determined to be eligible under Section 504, the Committee will develop an accommodation plan to address your child's educational needs and make an appropriate placement.

For your further information, we have included a description of Section 504 and the rights you and your child are entitled to under Section 504 of the Rehabilitation Act of 1973. Please sign and return the attached form to verify that you have received your notification of your parent and student rights and to confirm your attendance at the scheduled Section 504 Initial Evaluation Meeting.

If you have any questions or need additional information, please address your questions to:

School Counselor: _____ Phone: _____

- Enclosures
- 504 Information Sheet and District Procedures
- 504 Parental Rights
- Parent Acknowledgement Form
- Consent to Evaluate Form