



FORM C SECTION 504 MEETING NOTICE

Dear Parent(s)/Guardian(s):

Date Notice Sent: _____

We are planning a Section 504 team meeting for your child, as follows:

Student's Name: _____ School Name: _____

Meeting Location: _____ Meeting Date: _____ Time: _____

The purpose(s) of this meeting will be:

- ☐ to review existing data as part of an initial evaluation or re-evaluation
- ☐ to determine initial 504 eligibility, if sufficient data exists
- ☐ to consider development of an initial Section 504 plan, if sufficient data exists
- ☐ to review formal assessment results ☐ to review/ revise a Section 504 plan
- ☐ to consider continued 504 eligibility ☐ to conduct a manifestation determination
- ☐ to discuss at your request: _____
- ☐ other: _____

In addition to you, the following persons have been invited to attend this meeting. All may not attend, and some may attend in part. Your child may also be invited to attend the meeting in full or in part, based his/her/their maturity and ability to meaningfully contribute to the team's discussion:

Student to be invited: <input type="checkbox"/> Yes <input type="checkbox"/> No because:		
Title:	Title:	Title:
Title:	Title:	Title:
Title:	Title:	Title:

Please initial the applicable boxes below, sign and return this form to the Section 504 Coordinator by:

Date: _____.

_____ I will attend the Section 504 meeting. I acknowledge receipt of the Section 504 procedural safeguards.

_____ I will not attend the Section 504 meeting, and ask that you proceed without me. I acknowledge receipt of the Section 504 procedural safeguards. Please send a copy of the appropriate records after the meeting.

_____ I cannot attend on this date or time, but would like to attend. I acknowledge receipt of the Section 504 procedural safeguards. I am available during these dates/times: _____.

_____ I ☐ do not consent ☐ do consent to my child's participation in this meeting ☐ in full ☐ in part.

*****If you have not already submitted pertinent information, including formal or informal test results, work samples, medical records, etc., please submit this information prior to the meeting.**

Please write the name and role of any additional person(s) you will bring to the meeting.

1. Name _____ Role _____ 2. Name _____ Role _____

(Signature of Parent/Guardian)

(Date)