



504 Team Meeting Notice

PARENT/GUARDIAN NOTIFICATION OF MEETING AND INTENTION TO PARTICIPATE

Date: _____

To the Parents of: _____
Parent/Guardian: _____
Address: _____

You are requested and encouraged to attend an educational planning meeting to discuss the educational progress and/or placement of your child. The purpose of the meeting is:

- Consideration of 504 eligibility and/or services
- Review of existing eligibility and/or services
- Other _____

DATE: _____ TIME: _____
LOCATION: _____
ROOM: _____

The following personnel have been invited to this meeting:

- Teacher Psychologist
- Nurse Translator/Interpreter
- Principal/Administrator Student may be requested to attend
- Teacher Other _____

A copy of your Parent/Student Rights is attached.

PARENT: PLEASE CHECK THE APPROPRIATE BOX, AND RETURN TO ADDRESS

BELOW: WE PLAN TO ATTEND, we also understand that we may bring other people.

WE DO NOT PLAN TO ATTEND, but we would like the following person to represent us:

_____ WE DO
NOT PLAN TO ATTEND. We understand that a school representative will contact us to discuss the 504 meeting
results.

PARENT/GUARDIAN SIGNATURE DATE

Parent: Please return this signed form to:

Contact Person/Title: _____
Address: _____ Phone: _____

