

MEETING INVITATION TO PARENTS

Dear Parent(s)/Guardian(s):

This letter is to make you aware of the need to review your child's educational program and/or to meet to consider the existence of a disability based on the definition in Section 504 of the Rehabilitation Act of 1973. We are planning a conference as follows:

Student's Name: _____ Date of Birth: _____

School Name: _____

Meeting Location: _____ Meeting Date/Time: _____

The purpose of this conference will be:

- ___ to review and discuss your child's present educational status.
- ___ to discuss a referral on your child for possible Section 504 eligibility.
- ___ to discuss/evaluate/reevaluate your child.
- ___ to discuss educational/instructional options for your child.
- ___ to discuss at your request: _____
- ___ other: _____

The following persons have been invited to attend this meeting:

- | | | |
|----|--------|---------|
| 1. | _____ | _____ |
| | (Name) | (Title) |
| 2. | _____ | _____ |
| | (Name) | (Title) |
| 3. | _____ | _____ |
| | (Name) | (Title) |
| 4. | _____ | _____ |
| | (Name) | (Title) |

(Signature of Principal or Designee) (Date) (Telephone No.)

Please complete this portion of this document and return it to your child's school by: _____
(date)

- ___ I will attend the Section 504 Committee meeting and I acknowledge receipt of the parent(s)/guardian(s) rights.
- ___ I will not attend the Section 504 Committee meeting. I acknowledge receipt of the parent(s)/guardian(s) rights. Please send a copy of the appropriate records after the meeting.
- ___ The student will attend the Section 504 Committee 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. _____