

Student Name:		School:	Referred By:
DOB:	Grade:	Teacher:	
Parent/Guardian:			Phone:
Address:			

- Initial Section 504 Evaluation     
  Section 504 Reevaluation     
  Section 504 Transition Mtg.  
 ✓PK to K-2 grades,  
 ✓K-2 to 3-6<sup>th</sup>,  
 ✓Elementary to Jr/Middle,  
 ✓Jr/Middle to High School

Dear: \_\_\_\_\_  
 (Parent/ Legal Guardian)

You are invited to attend a Section 504 eligibility meeting to discuss current data collected for your student's eligibility. The purpose of this meeting is to determine if your student's impairment/ disability makes him or her eligible to receive accommodations under Section 504.

We agreed to meet at the time listed below.

***The meeting will be held at:***

<b><i>Location:</i></b>	<b><i>Date:</i></b>	<b><i>Time:</i></b>
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The school staff members listed below were involved in the data collection of your student. It is anticipated that each will attend the meeting or be represented by someone who is knowledgeable about your student.

If you have any questions, please contact me.

<b>504 Coordinator Signature:</b> <i>(principal or his/her designee)</i>	<b>Date:</b>
<b>Phone #:</b>	<b>E-mail:</b>

School 504 Team Members	Title