

# 504 Eligibility Parent Meeting Invite



Date: \_\_\_\_\_

To the parent(s)/guardian(s) of: \_\_\_\_\_

**You are invited to attend a Section 504 meeting to:**

Review evaluation/re-evaluation and consider your student's eligibility for 504 accommodations.

**If the student is determined to be eligible, the team may also:**

Discuss current data collected for your student's eligibility and develop an accommodation plan.

**Enclosed is a copy of the Procedural Safeguards.**

***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. You are welcome to bring other individuals who have knowledge or special expertise regarding your student.

If you have any questions, please contact me.

Thank you,

\_\_\_\_\_  
504 Coordinator Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone

- LEA Representative \_\_\_\_\_
- 504 Site Coordinator \_\_\_\_\_
- District Behavior Specialist \_\_\_\_\_
- Counselor \_\_\_\_\_
- Teacher \_\_\_\_\_
- 504 District Coordinator \_\_\_\_\_
- Nurse \_\_\_\_\_
- Student (if appropriate) \_\_\_\_\_