**Section 504 Parent Notification Letter**

Date: Click or tap to enter a date.

Student: Click or tap here to enter text.

Student ID #:Click or tap here to enter text.

School: Click or tap here to enter text.

Dear Parent or Guardian:

We would like to arrange a meeting with you to discuss your child’s educational needs in regards to section 504 of the American’s with Disabilities Act. We would like to discuss:

Referral

Development of an initial 504 plan

Evaluation results and educational progress

Annual review to determine continued eligibility and accommodations

Review and/or revision to the annual plan

Manifest determination

Other: Click or tap here to enter text.

We have scheduled a meeting to determine your child’s educational needs and would appreciate your participation.

Date:Click or tap to enter a date.

Time:Click or tap here to enter text.

Location:Click or tap here to enter text.

I am also attaching a copy of your parent rights in regards to section 504. Please do not hesitate to contact me if you have any questions or concerns.

Sincerely,

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(Signature) (Title)

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(Phone number)