



Section 504 Parent Notification Letter

Student ID #:

Date:

Student:

School:

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:

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

Date:

Time:

Location:

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,

(Signature) _____

(Title) _____

(Phone number) _____

Copies to:

- Cumulative file
- Parent or guardian
- Teacher(s)