

NOTIFICATION OF 504 MEETING

To the Parent(s)/Guardian(s) of:

This is to confirm that a meeting with you has been scheduled on:

(Day of Week)

at at

(Month/Day/Year)

(Time)

(Location)

The purpose of this meeting is to: (check all that apply)

- Determine likelihood of eligibility
- Review existing data as part of an initial evaluation or re-evaluation
- Determine initial or continued eligibilty
- Develop Initial 504 Accommodation Plan
- Review/revise 504 Accommodation Plan
- Reading Answers/Checking Work

The following individuals have been invited to participate in this meeting (role and/or name):

Role	Name
*Parents/Guardian	
District 504 / ADA Coordinator	
*Building Level 504 / ADA Coordinator	
Individual to interpret instructional implications of evaluation results	
*Regular Education Teacher	
**Agency Name	
**Agency Name	

*Required participants

**The school district must obtain a signed *Release of Information* from the parent (or student age 18) prior to inviting representatives of other agencies to the meeting.

The parents and this agency have the right to invite other participants who have knowledge or special expertise regarding the child. The determination of knowledge or special expertise shall be made by the party (parent or agency) who invited the individual to be a participant at the meeting.

THE PROCEDURAL SAFEGUARDS FOR CHILDREN AND PARENTS HAVE BEEN PRESENTED/EXPLAINED TO YOU. A COPY IS ENCLOSED WITH THIS NOTIFICATION.

This Notification of Meeting will be provided to parents/guardians prior to the scheduled meeting date. If you are unable to attend this meeting, please contact the person listed below as soon as possible.