



## SECTION 504 MEETING NOTICE

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

Parent/Guardian: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/Zip Code: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/Zip Code: \_\_\_\_\_

Dear \_\_\_\_\_:

Please be advised that a Section 504 meeting will be convened on behalf of your child,

\_\_\_\_\_. The meeting is scheduled as follows:  
(Child's Name)

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

Location: \_\_\_\_\_

The purpose of this meeting is to:

- ☐ Plan evaluation/initial evaluation
- ☐ Determine eligibility
- ☐ Develop Section 504 Plan
- ☐ Review new information and/or possible need for re-evaluation
- ☐ Review re-evaluation
- ☐ Other

The following individuals have been invited to attend:

_____			
_____			
Name	Administration	Name	Title
_____			
_____			
Name	Instruction	Name	Title
_____			
_____			
Name	Related Service	Name	Title
_____			
_____			

Name

Student, if appropriate

Name

Title

Please make every effort to attend this meeting. You may bring anyone of your choosing to this meeting. The meeting can be rescheduled at a mutually agreed upon time and place. A COPY OF YOUR RIGHTS IS ENCLOSED. If you have any questions or wish to reschedule the meeting, please contact me:

Sincerely, \_\_\_\_\_  
[Name and Title]

☐ A copy of this notice has been sent to the parent(s), as 504 Rights have been transferred to the student at age 18.