

Section 504 Meeting Invitation Form

From:

Invited Parties: ___Parent/Guardian ___Adult Student/Student ___Regular Teacher ___Evaluator /School Psychologist ___Administrator ___504 Coordinator ___Nurse ___Counselor ___Interpreter ___Special Educator ___Employee ___Employee Supervisor Other(s): _____ _____

You are invited to attend and participate in a meeting for _____ (Person's Name) on _____ (Date and Day of Week). This meeting will be held at _____ (Location of Meeting).

___ Initial/referral meeting concerning you child's academic and/or behavior progress following regular classroom interventions to meet his/her needs. This information along with your completion of the enclosed parent input form. This information may suggest a need for additional evaluation and/or eligibility consideration. On the other hand, if sufficient information/evaluation data are present to determine your child as 504 eligible, the team may proceed with eligibility and accommodation planning..

___ 504 eligibility meeting (Initial)

___ 504 Accommodation Planning

___ Triennial Review/Eligibility Meeting

- **Parent/guardian participation and involvement are encouraged throughout all 504 processes. Parental/guardian or adult student consent is required for all individual evaluations. Parent, guardian, or adult student consent is required for initial placement decisions. You may bring and/or invite others to the meeting.**

Very truly yours,

SAT/504 Coordinator

Telephone Number/E-Mail Address:

Check all that apply:

- I will attend this meeting as scheduled
- I will not be able to attend, but I would like to participate via a phone conference. Please call this number: _____
- I will not be able to attend, but you have my permission to hold this meeting without me.
- Please reschedule this meeting.
- I am waiving my 8 day notice.

Signature of Respondent: _____ Date: _____

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