

SECTION 504

PARENT/GUARDIAN MEETING NOTICE AND INTENTION TO PARTICIPATE

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

To the Parents of: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

You are requested and encouraged to attend an educational planning meeting to discuss the educational progress and/or placement of your child. The purpose of the meeting is:

- Consideration of 504 eligibility and/or services
- Review of existing eligibility and/or services
- Manifestation Determination

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

ROOM: \_\_\_\_\_

The following personnel have been invited to this meeting:

- Teacher
- Nurse
- Principal/Administrator
- Teacher
- Psychologist
- Translator/Interpreter
- Student may be requested to attend
- Other \_\_\_\_\_

**A copy of your Parent/Student Rights is attached.**

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**PARENT: PLEASE CHECK THE APPROPRIATE BOX, AND RETURN TO ADDRESS BELOW:**

- WE PLAN TO ATTEND, we also understand that we may bring other people.
- WE NEED AN INTERPRETER in my primary language, which is \_\_\_\_\_.
- WE DO NOT PLAN TO ATTEND. We understand that a school representative will contact us to discuss the 504 meeting results.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**Parent: Please return this signed form to:**

School District: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_