

Section 504 Meeting Invitation Form

From:

Invited Parties: ___ Parent/Guardian ___ Adult Student/Student ___ General Education 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 Time). 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 may suggest a need for additional evaluation and/or eligibility consideration. 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.**

Sincerely,

SAT/504 Coordinator

Telephone Number/Email 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: _____