**Enter LEA Name Here**

**Notice of Ineligibility for a Section 504 Plan**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Date:** | Enter date |
| **Dear** | Enter name |

This letter regards your student:

|  |  |  |  |
| --- | --- | --- | --- |
| **Student:** | Enter name |  |  |
| **School:** | Enter name of school | **SSID:** | Enter state student ID number |
| **Grade:** | Enter grade | **DOB:** | Enter date of birth |

After reviewing the referral and conducting an evaluation, the Section 504 team has decided that your student is not eligible to receive accommodations, related aids, or services under Section 504 for the following reason(s):

| Enter text |
| --- |

If you would like to learn more about your student’s eligibility determination, please contact me to discuss the results of their evaluation or for a copy of the evaluation report.

Attached is a copy of you and your child’s rights under Section 504. If you have any questions, feel free to contact me.

Respectfully,

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | Enter name | **Title:** | Enter title |
| **Signature:** |  | **Date:** | Enter date |
| **Phone:** | Enter phone number | **Email:** | Enter email address |

Enclosure: Notice of Parent/Student Rights