**Enter LEA Name Here**

 **Notice of 504 Team Meeting**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **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 |

This letter is to inform you that the 504 team is meeting to discuss your child’s educational needs.

At the meeting, we will discuss the following:

[ ]  Initial evaluation

[ ]  Initial 504 plan

[ ]  Reevaluation (every three years, or as needed)

[ ]  Annual 504 plan review/update

[ ]  Manifestation Determination *(conducted prior to a disciplinary removal constituting a
change in placement, a suspension for more than ten days or a series of shorter suspensions that add up to more than ten days)*

[ ]  Other:

While parents are not required members of the 504 team, we value parent input, and hope you can attend. We anticipate the meeting will include you and the following people:

| **Name** | **Title** |
| --- | --- |
| Enter name | Enter title |
| Enter name | Enter title |
| Enter name | Enter title |
| Enter name | Enter title |

Please let me know if you are able to attend. The tentative date and time for this meeting is:

| **Date:** | Enter date | **Time:** | Enter time |
| --- | --- | --- | --- |
| **Location:** | Enter location |

If you have information or documentation you would like to share with 504 team members prior to the meeting, please provide it to me as soon as possible. Following the meeting, you will be notified of Section 504 Committee decision(s) in writing.

Please free to contact me if you have any questions.

Respectfully,

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