**Enter LEA Name Here**

**Notice of Eligibility for 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 |

Your student was referred for a Section 504 evaluation. After reviewing the referral and conducting an evaluation, the Section 504 team has decided that your student is eligible to receive accommodations, related aids, or services under Section 504.

The Section 504 team will develop a plan to address the educational needs of your student, based on information from their evaluation. While parents are not required members of the 504 team, we value parent input, and hope you can attend the meeting. 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 | | |

Attached is a copy of your 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