

# Section 504 Determination Planning Meeting

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

District \_\_\_\_\_

Dear: \_\_\_\_\_  
(Parent/Guardian)

**You are invited to attend and participate in a Section 504 Determination/Planning Meeting and/or review your child's plan of services in the educational setting.**

The meeting is schedule for \_\_\_\_\_(day/date) at \_\_\_\_\_(time)  
at \_\_\_\_\_(school). Check in office for meeting location.

Participants:	Name/Position
_____ / _____	
_____ / _____	
_____ / _____	
_____ / _____	

Section 504 Evaluation Team:	Name/Position:
_____ / _____	
_____ / _____	
_____ / _____	
_____ / _____	
_____ / _____	

Other:	Name/Position:
_____ / _____	
_____ / _____	

If this time and/or place is not acceptable to you, please feel free to contact the Student Assistance Team /Section 504 Coordinator at: \_\_\_\_\_ (phone number).

\_\_\_\_\_  
Student Assistance Team/Section 504 Coordinator