Dear Parent,

This is to notify you of our Section 504 team meeting. See specifics below. Please contact your school principal immediately if this is not a convenient time for you.

Type of Meeting:

[ ]  Referral/Consider Initial Evaluation

[ ]  Evaluation Planning

[ ]  Eligibility Determination

[ ]  Determine Accommodation/Placement

[ ]  Annual/Tri-annual Review

[ ]  Reevaluation

[ ]  Determine if recommend override of parent refusal/revocation for 504 evaluation

[ ]  Manifestation Determination

[ ]  Convened for Other Reason (Specify)

Principal Name and Phone Number:

Student Name:

Date:

Time:

Location:

The following school district-selected officials will attend this meeting:

School Principal:

Parent:

Regular Education Teacher:

Other:

Other:

Other:

If you wish to review your (son's/daughter's) educational records, including any material that will be discussed at the meeting, please call the principal to schedule a mutually convenient time for such review.

Please immediately inform the HCSD official listed below of any disability-related needs of the parent related to attending the meeting.

HCSD Official name, address and telephone number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of HCSD Official Date