Section 504 Meeting Information:

Student Name:

Date:

Time:

Location:

**FOR HCSD STAFF TO COMPLETE**

[ ]  Parent WILL attend the 504 team meeting.

[ ]  Parent WILL NOT attend the 504 team meeting.

Parent Contact(s) Made Regarding Attendance at 504 Team Meeting (Specify date and type of communication):

If parent will not attend or if you were not able to contact the parent explain: