MEETING INVITATION TO PARENTS

Dear Parent(s)/Guardian(s):

This letter is to make you aware of the need to review your child's educational program and/or to meet to consider the existence of a disability based on the definition in Section 504 of the Rehabilitation Act of 1973. We are planning a conference as follows:

Student's Name:		Date of Birth:
School Name:		
eeting Location: Meeting Date/Time:		
The purpose of this conference will be: to review and discuss your child's present		
to discuss a referral on your child for pos	·	gibility.
to discuss/evaluate/reevaluate your child		
to discuss educational/instructional optic	•	
to discuss at your request:		
other:		
The following persons have been invited	to attend this meeti	ng:
(Name)		(Title)
2		
· (Name)		(Title)
3		
(Name)		(Title)
4		
(Name)		(Title)
(Signature of Principal or Designee)	(Date)	(Telephone No.)
Please complete this portion of this document	nt and return it to you	r child's school by:
I will attend the Section 504 Committee meet I will not attend the Section 504 Committee n Please send a copy of the appropriate record The student will attend the Section 504 Committee	neeting. I acknowledge ds after the meeting.	
You are welcome to bring any information, including to the meeting. Please write the names of addition persons you would like to bring to the meeting.		
1	2.	

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