## **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:	Biı	Birth Date:	
School Name:			
Meeting Location:	Mo	eeting Date/Time:	
The purpose of this conference will	be:		
to review and discuss your chil	d's present educational statu	IS.	
to discuss a referral on your ch	nild for possible Section 504	eligibility.	
to discuss/evaluate/reevaluate	your child.		
to discuss educational/instruction	onal options for your child.		
to discuss at your request:			
other:			
The following persons have been in  1. (Name)		(Title)	_
2. (Name)		(Title)	_
3.			
(Name) 4.		(Title)	
(Name)		(Title)	_
(Signature of Principal or Design	nee) (C	Date)	(Phone)
Please complete this portion of this	document and return it to yo	our child's school by:	(date)
I will attend the Section parent(s)/guardian(s) rights. I will not attend the Section 504 rights. Please send a copy of the The student will attend the Section 504.	committee meeting. I acknow he appropriate records after	wledge receipt of the pare the meeting.	receipt of the
You are welcome to bring any info medical records to the meeting. Ple meeting or any additional persons y	ease write the names of addit	ional persons you would	
1	2		