Date:

Dear:

As you know, the 504 team met to discuss your child. Based on the materials before us, we determined that:

[ ]  Your child has a qualifying disability under Section 504 of the Rehabilitation Act that requires an accommodation plan. Please review the enclosed Notice of Meeting.

[ ]  Your child does not have a qualifying disability under Section 504 and does not require an accommodation plan.

504 Team Meeting Date:

If you disagree with our determination, I would be happy to meet with you to discuss your concerns. If you wish, you also have the right to file a grievance and to request an impartial hearing, to which you may bring an attorney to represent you. Contact me if you wish to file a grievance. If you wish to proceed to a formal hearing, please send a written request to the Section 504 Coordinator/Compliance Officer at the address below:

If you have any questions or would like to schedule a meeting, please do not hesitate to contact me.

Sincerely,

Phone:

Keep original in file

[ ]  Hand-Delivered

[ ]  Mail