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:

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Signature of HCSD Official Date