

NOTICE OF 504 CONFERENCE

TO: _____ DATE: _____

STUDENT: _____

_____ To consider possible eligibility and provision for services under Section 504 of the Rehabilitation Act of 1973.

_____ To review eligibility and services being provided for under Section 504 of the Rehabilitation Act of 1973.

_____ Other (Specify) _____

DATE OF CONFERENCE: _____

LOCATION AND TIME: _____

CONFERENCE PARTICIPANTS (Name/Title):

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

You have the right to bring other individuals, at your discretion, to this conference, including legal counsel. Please notify the district/program representative if you are in need of interpreting or translating services.

You also have the right to review your child's records and to request a hearing if you disagree with the district's identification, evaluation, provision of services, or change or termination of services under Section 504. If you desire a review of the record or wish to initiate a hearing, please contact:

| | |
|------------|--------------|
| _____ | _____ |
| Name/Title | Phone Number |