

Gibraltar School District
Parent Invitation to Section 504 Meeting

Dear Parent(s)/Guardian(s):

This letter is to make you aware of the need to consider whether your child, due to a possible disability, is entitled to certain protections under Section 504 of the Rehabilitation Act of 1973, and/or of the need to review your child's educational program. We are planning a conference as follows:

Student's Name: _____ Grade: _____ School: _____

Meeting Location: _____ Meeting Date/Time: _____

The purpose of this conference will be:

___ Review of Services: To review and discuss your child's present educational status/504 Plan.

___ Consent to Evaluate: To discuss a referral of your child for possible Section 504 eligibility.

___ Initial 504 Plan: To make a determination regarding 504 eligibility and education program.

___ Three-Year Reevaluation: To discuss the possible need to evaluate/reevaluate your child.

___ Termination of Services: To discuss ending of services.

___ Manifestation Determination: To review if behavior is due to disability.

___ To discuss at your request: _____

___ Other: _____

The following persons have been invited to attend this meeting:

Name Title Name Title

Name Title Name Title

Enclosed please find a copy of your rights under Section 504. Should you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

Building 504 Coordinator

Date

Telephone