

OLIVET COMMUNITY SCHOOLS
FORM E: 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(Building):		Date:	
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.
	Periodic Review: 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

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