

RSU 13  
NOTICE OF 504 TEAM MEETING

Student's Name: DOB: Age: School: Grade:

Parent/Guardian:

Case Manager/Contact Person:

Date:

A 504 Team meeting has been scheduled for your child on:

Date:

Time:

Place:

The purpose(s) of the meeting is:

Initial Referral/Eligibility

Periodic Review

Evaluation/Re-evaluation

Manifestation Determination

Parent Request

Transfer Student

Other

As the parent(s)/guardian(s) of a child, or as an adult student, who has or may have a disability, you are encouraged to participate in the 504 Team meeting. Additional participants who have knowledge or special expertise regarding the child may be invited (please contact the school at the below phone number/email address prior to the meeting date if you wish to invite other participants to the meeting). Members and participants invited by the school to attend the 504 Team meeting may include the following:

**Title: Name:**

504 Coordinator:

Administrator:

Regular Education Teacher:

Evaluator(s):

Child or Adult Student:

Other:

If you have questions or cannot attend at the scheduled time, please call     at phone number and/or email:     .

A copy of the Notice of Parent/Student Procedural Safeguards can be accessed by contacting the above-named individual.