**Iredell-Statesville Schools**

**Invitation to Attend Section 504 Meeting**

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_

Student: Student ID:

School: Date of Birth:

Grade:

Dear :

Parent or Guardian

You are invited to attend a meeting to discuss your child’s individual educational needs under Section 504 of the Rehabilitation Act of 1973.

Section 504 and the Americans with Disabilities Act prohibit discrimination against any individual on the basis of disability. A disabling condition under Section 504 is any means a physical or mental impairment that substantially limits one or more major life activities. Examples of some major life activities are seeing, hearing, breathing, walking, learning, communicating, concentrating, or the operation of any major bodily function. These are examples and are not intended to be a complete list. **A copy of Parental Rights Under Section 504 is enclosed.**

On , , , at , we will meet

day date year time

in Room at School.

At this meeting, we will review and discuss the following:

|  |  |
| --- | --- |
|  | Initial Section 504 Eligibility Determination |
|  | Consideration of Development of a 504 Accommodations Plan |
|  | Review of Current Section 504 Accommodations Plan |
|  | Re-evaluation |
|  | Continued Eligibility/Exit |
|  | Other: |

**Meeting Participants**

|  |  |
| --- | --- |
| **Name** | **Position** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

We ask that you attend this meeting and bring all reports and evaluations that you want the Section 504 Team to consider. Your input is important and appreciated. If you have any questions concerning this meeting, please contact your Section 504 Team Leader: [insert name and phone number].

Please check the item that applies, sign the form, and return it to the principal at your school.

|  |  |
| --- | --- |
|  | Yes, I will attend the meeting as scheduled. |
|  | I cannot attend or participate in the meeting at this time. Please contact me to arrange a mutually agreed upon time. |
|  | I decline to attend this meeting as scheduled and allow the 504 team to hold proceedings in my absence. |

Parent Signature/Guardian Date

Parent’s Telephone Number Parent’s Email