**Iredell-Statesville Schools**

**Parental Written Notice of Section 504 Manifestation Determination Review**

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_

Student: Student ID:

School: Date of Birth:

Grade:

Dear :

Parent or Guardian

Because your student has a Section 504 Accommodations Plan, state and federal laws regarding students with disabilities require the School District to notify you and inform you if certain changes are made to your student’s educational program, including when the school district proposes a change to the educational placement of your student.

On [date], school personnel determined that your student is subject to a disciplinary removal that will constitute a change in placement. **A meeting with you (the parent) and relevant members of the Section 504 team will be held within 10 school days to determine if the behavior in question is a manifestation of your student’s disability.** The team may also consider revising your student’s Section 504 Accommodation Plan based on the conclusion of the manifestation meeting. **A copy of Parental Rights Under Section 504 is enclosed.**

On , , , at , we will meet

day date year time

in Room at School.

**Meeting Participants**

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