Notice of Section 504 Meeting To Review Evaluation Results

Date sent/mailed:	
Student's name:	
School:	Grade:
Parent's Name:	
Address:	
Home Phone:	Work Phone:
Dear:	,
meet with you to discuss the result and contributions will be quite he	ne Section 504 Team at your child's school would like to ults of an evaluation under Section 504. Your insights elpful to us in effecting the best decisions possible. If lease fill out and return the Parent Input Form.
Meeting Date:	Meeting Time:
Location:	
Please call me atalternative date.	if you have any questions or need to arrange an
Sincerely,	
School Section 504 Representat	 ive