NOTICE OF SECTION 504 IAT CONFERENCE

Date:	
To:	<u> </u>
From:	
Student:	
Initial Conference Review	Conference Causal Relationship Conference
meeting will include a discussion of your chi eligibility for accommodations. If accommodation will be prepared. We request that you attend thi recommendations. Please note that as a parent	to discuss the educational program of your child. The ild's evaluation results, classroom performance, and ons are indicated, a Section 504 Accommodation Plan s meeting to assist us with the discussion and program t of a student who is or may be eligible for Section 504 ch are outlined in the enclosed Parent/Student Rights
Date Time	Location
	e meeting. You have the right to bring others to the I you wish to have present, please let us know so
	Participants
(Building 504 Officer/Principal/Designee)	(General Education Teacher)
(Parent/Guardian)	(Parent/Guardian)
(Guidance Counselor)	(School Psychologist)
(Student)	(Other)

The evaluation data and other information to be discussed are available for your review prior to this conference. Please keep one copy of this Notice and return the other so that we will know your intent.

Enclosed is a copy of the Parent/Student Rights Notice for your information.

Parent Reply to Request to Attend 504 Conference

I have receive personnel.	ved the Notice of Section	n 504 IAT and Parent/Stud	dent Rights Notice sent to me by school		
	I will attend the meeting at the time stated. I would prefer to participate by conference telephone call. At the time of the conference, I can be reached at the following number:				
	I request that the mee	request that the meeting be held without my being present.			
	I would like the meeting to be held at the time or location stated below:				
Signature of	Parent/Guardian		Date		
Copies to:	[] Parent/Guardian	[1 Cumulative Folder			