

Notice of Section 504 Meeting/Eligibility Determination Committee

_____ LEA NAME

Student Full Name _____ Date _____
School _____ Date of Birth _____
Parent(s)/Guardian(s) _____ Grade _____
Address _____ WVEIS # _____
City/State/Zip _____ Telephone _____

Dear Parent(s)/Guardian(s)/Adult Student:

A meeting will be held on _____ at _____ a.m. p.m. at _____.

The purpose(s) of the meeting is checked below:

- Initial evaluation for eligibility
- Section 504 Plan Review
- Periodic Re-evaluation
- Re-evaluation to determine if the student's behavior is a manifestation of a disability.
- Re-evaluation to consider a change to the least restrictive placement.
- Other _____

We invite you to participate in this meeting, so we may plan an appropriate educational program together. Please be informed the Local Education Agency has the right to invite other individuals who have knowledge of the student, assessment data or accommodations to the general education environment.

Please notify _____ at _____ if you are unable to participate and would like to re-schedule the meeting.

Sincerely,

Name/Position/Date Phone Number

Please return this form to the school within five days

- I will attend the meeting as scheduled.
- I wish to have the meeting re-scheduled.
- I cannot attend in person but will be able to participate by phone or virtually. The best contact method to arrange the meeting is _____.
- Please have the meeting without me.

Parent/Guardian/Adult Student Signature Date