

Manchester Public Schools

45 North School Street

Manchester, Connecticut 06042

Section 504 Meeting Notice (504/2)

Rescheduled from: _____

5 Day Notice Waiver

Date: _____

Parent/Guardian: _____

Street: _____

City/Zip Code: _____

Parent/Guardian: _____

Street: _____

City/Zip Code: _____

Dear _____:

Please be advised that a Section 504 Plan Development meeting will be convened on behalf of your child,

_____. The meeting is scheduled as follows:

(Child's Name)

Date: _____ Time: _____ Location: _____

The purpose of this meeting is to:

- Plan evaluation/initial evaluation
- Review initial referral
- Annual review
- Determine eligibility
- Develop Section 504 Student Accommodation Plan
- Reevaluation to review eligibility determination due to new information
- Review before significant change in placement
- Review/revise Section 504 Plan
- Other: _____

The following individuals have been invited to attend:

Administrator/Designee	_____	Other (specify)	_____
Teacher	_____	Other (specify)	_____
Related Service	_____	Other (specify)	_____
504 Representative	_____	Other (specify)	_____
Student (if appropriate)	_____	Other (specify)	_____

Please make every effort to attend this meeting. You may bring anyone of your choosing to this meeting. The meeting can be rescheduled at a mutually agreed upon time and place. A COPY OF YOUR RIGHTS IS ENCLOSED. If you have any questions or wish to reschedule the meeting, please contact me at:

(860) _____

Sincerely,

504 Site Coordinator

cc: Cumulative File
504 File
District 504 Coordinator