

Form L

Invitation to Attend the 504 PLANNING MEETING

Date: _____/_____/_____

Dear: _____(Parent/Guardian)

The 504 Committee has determined that _____ is eligible for accommodations under section 504.

You are invited to attend and participate in a 504 Planning Meeting that has been scheduled to develop and/or review your child's plan for services in order to help him/her realized his/her academic potential.

The meeting is scheduled for: _____(Date) at _____(Time)
at _____(Location).

Participants

Name & Position

Child's Teacher(s)

504 Evaluation Team Members

If this time and/or place is not acceptable to you, please feel free to contact us.

Sincerely,
