## **MEETING INVITATION TO PARENTS**

Dear Parent(s)/Guardian(s):

This letter is to make you aware of the need to review your child's educational program and/or to meet to consider the existence of a disability based on the definition in Section 504 of the Rehabilitation Act of 1973. We are planning a conference as follows:

Student's Name:		Birth Date:
School Name:		
Meeting Location:	Mee	eting Date/Time:
The purpose of this conference will be:		
to review and discuss your child's preser	nt educational status.	
to discuss a referral on your child for pos	sible Section 504 eligibility	
to discuss/evaluate/reevaluate your child		
to discuss educational/instructional option	ns for your child.	
to discuss at your request:		
other:		
The following persons have been invited to at  1(Name)  2(Name)	(Title)	
,	(Title)	
3 (Name)	(Title)	
4 (Name)	(Title)	
(Signature of Principal or Designee)	(Date)	(Phone)
	neeting, and I acknowledge se meeting. I acknowledge scords after the meeting.	s school by:(Date) receipt of the parent(s)/guardian(s) rights. receipt of the parent(s)/guardian(s) rights.
		est results, work samples, and medical records to e to attend the meeting or any additional persons
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