

# Woodridge Local School District

## PRIOR WRITTEN NOTICE TO PARENTS 504 PLANS

Date: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

This is to notify you of the District's action regarding \_\_\_\_\_'s educational program.

1. Description of the action:

- Refusal to Consent to 504 Evaluation
- Initial 504 Evaluation
- Development of 504 Plan
- 504 Review
- 504 Reevaluation
- Change of 504 Services
- 504 Issues/meetings where the parent(s) disagree with the District
- Other (describe action taken) \_\_\_\_\_

2. An explanation of why the School District is taking the action described above: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. A description of any other options the School District considered and the reasons/data why those options were rejected: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. A description of each evaluation procedure, test, record or report the School District used as a basis for the proposed or refused action: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Other factors that are relevant: \_\_\_\_\_

\_\_\_\_\_

6. Provision of procedural safeguards:

As a parent of a child with a suspected or identified disability, you have procedural safeguard protections. Please contact me if you have any questions about the action(s) described above, your rights, as described in the Notice of Section 504/ADA Procedural Information and Rights, or other related concerns.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
City, State, and Zip

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
School District

**Enclosure: Notice of Section 504/ADA Procedural Information and Rights**

10/19/10