

Woodridge Local School District

NOTICE TO PARENT OF SECTION 504 REFERRAL

Dear Parent:

This letter is to inform you that we suspect your (son/daughter) _____ may have a physical or mental impairment that substantially limits one or more major life activities. Specifically, a Suspected Disability Referral Form (attached) has been initiated. Section 504 of the Rehabilitation Act of 1973, as amended by the ADA Amendments Act of 2008, is Congress's directive to schools receiving any Federal funding to eliminate discrimination based on disability from all aspects of their school operations. [] Prior to the Referral being submitted, we attempted some accommodations/modifications/interventions for your child. At this time, we wish to utilize an Intervention Assistance Team ("IAT") to gather and review information from a variety of sources in an effort to determine whether your child qualifies for Section 504 protection. We will gather the relevant information and/or conduct the necessary evaluation within approximately sixty (60) calendar days. Thereafter, we will schedule an IAT conference to review the data and information, and determine whether your (son/daughter) _____ is eligible for protection pursuant to Section 504.

To begin the process, I would like to meet with you on (date) _____, at (time) _____ at (location) _____, for the purpose of:

- A. discussing the Referral;
- B. considering the information needed (testing may be necessary);
- C. obtaining a release of information (if necessary);
- D. obtaining permission to test (if necessary);
- E. explaining your rights and options.

In the interim, please review the attached Notice of Section 504/ADA Procedural Information and Rights.

If the above identified date and/or time is not convenient, or if you have any questions concerning the Referral or this process, please call me.

Thank you.

Principal/designee

Copies to: [] Parent/Guardian [] Cumulative File

1/16/07
10/19/10