

Woodridge Local School District

NOTICE OF SECTION 504 IAT CONFERENCE

Date: _____

To: _____

From: _____

Student: _____

____ Initial Conference ____ Review Conference ____ Causal Relationship Conference

We are planning a Section 504 IAT Conference to discuss your child. The meeting will include a discussion of your child's evaluation results, classroom performance, and eligibility for protection under Section 504. If your child is identified as disabled pursuant to Section 504, the IAT will determine whether s/he requires regular or special education and related aids and services in order to receive a free appropriate public education. If services, including but not limited to accommodations/modifications/interventions, are needed, a Section 504 Plan will be prepared. We request that you attend this meeting to assist us with the discussion and program recommendations. Please note that as a parent of a student who is or may be eligible for protection pursuant to Section 504, you have specific rights that are outlined in the enclosed Notice of Section 504/ADA Procedural Information and Rights. The meeting is scheduled as follows:

Date _____ Time _____ Location _____

We expect the following persons to attend the meeting. You have the right to bring others to the meeting. If there are other school personnel you wish to have present, please let us know so arrangements can be made.

Participants

(Building Officer/Principal/Designee)

(General Education Teacher)

(Parent/Guardian)

(Parent/Guardian)

(Guidance Counselor)

(School Psychologist)

(Student)

(Other)

The evaluation data and other information to be discussed are available for your review prior to this conference. Please keep one copy of this Notice and return the other so that we will know your intent.

Enclosed is a copy of the Notice of Section 504/ADA Procedural Information and Rights.

Parent Reply to Request to Attend 504 Conference

I received the Notice of Section 504 IAT Conference and Notice of Section 504/ADA Procedural Information and Rights sent to me by school personnel.

_____ I will attend the meeting at the time stated.

_____ I would prefer to participate by telephone call. At the time of the conference, I can be reached at the following number: _____.

_____ I request that the meeting be held without my being present.

_____ I would like the meeting to be held at the time or location stated below:

Signature of Parent/Guardian

Date

Copies to: Parent/Guardian Cumulative Folder

1/16/07
10/19/10