

Woodridge Local School District

SECTION 504 NOTICE OF CONFERENCE

Date: _____

Dear _____,

Student: _____

Meeting Date: _____

Location: _____

Time: _____

A. The purpose of this meeting (*check all that apply*)

- _____ Discuss results of evaluation/Section 504 eligibility
- _____ Develop a 504 Plan
- _____ Review instructional progress
- _____ Review of accommodation plan
- _____ Review of placement
- _____ Discuss results of reevaluation
- _____ Discuss misconduct/infraction of school rules as it relates to student's impairment
- _____ Other (specify) _____

The following records/data will be discussed: _____

B. The following people may be included in the meeting: (writing in names as appropriate)

1. School Principal _____
2. Guidance Counselor _____
3. Evaluation Specialist(s) _____
4. Other Specialist(s) _____
5. General Education Teacher(s) _____

6. Transportation _____
7. School Nurse _____
8. Parent(s) _____
9. Student _____
10. Other (specify) _____

cc: Student's Cumulative Folder
District 504 Coordinator
Teachers of Student
Guidance Counselor
Principal

SECTION 504
NOTICE OF CONFERENCE

Please complete this page and return to your child's school as soon as possible to let us know about your attendance at the meeting.

Date: _____

To: _____

1. _____ I will attend the scheduled Section 504 Conference Committee meeting.
 _____ I will not attend the Section 504 Conference Committee Meeting, but I would like you to continue the process and send the paperwork to my home address.
2. _____ I would like my child to attend the Section 504 Conference Committee Meeting.
 _____ I do not want my child to attend the Section 504 Conference Committee Meeting.
3. _____ Please indicate if there are additional school personnel you would like us to invite to the Conference Committee Meeting.

4. _____ You may also bring any additional persons to the Section 504 Conference Committee Meeting.

I plan to have the following person(s) attend with me:

Parent/Guardian Signature: _____

Date: _____