



Student's Name: \_\_\_\_\_

NYC DOE ID #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Subject: Section 504 Team Meeting**

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

Dear \_\_\_\_\_,

We request your attendance at the upcoming meeting of your child's Section 504 Team to review:

- the school's request to evaluate whether your child requires Section 504 accommodation(s).
- your request for Section 504 accommodation(s).
- your child's existing Section 504 Accommodation Plan.

If your child requires Section 504 accommodation(s), the team will develop (or review) a Section 504 Accommodation Plan for your child.

**The meeting is scheduled for:**

**Date:** \_\_\_\_\_      **Time:** \_\_\_\_\_      **Location:** \_\_\_\_\_

The following members of your child's Section 504 Team will be invited to attend the meeting. The 504 Coordinator and parent must be in attendance.

NAME	TITLE
_____	<u>Section 504 Coordinator</u>
_____	_____
_____	_____

**If you would like interpretation services at the Section 504 meeting, and/or translation of the 504 Plan and/or notices, please inform me.**

Sincerely,

\_\_\_\_\_  
Section 504 Coordinator

Phone: \_\_\_\_\_

Email: \_\_\_\_\_