**NOTICE OF SECTION 504 ELIGIBILITY DETERMINATION**

Date: DATE

Dear ADDRESSEE NAME:

The school-based Section 504 Team has determined that:

[ ] Your child is eligible for accommodations pursuant to Section 504 and Chancellor’s Regulation A-710.

[ ] Your child is not eligible for accommodations pursuant to Section 504 and Chancellor’s Regulation A-710.

You may seek a review of the Section 504 procedures followed by the school or appeal the decisions reached by the school-based Section 504 Team regarding your child by:

1st: Seek Initial Review. You must seek review **within ten (10) school days** of your receipt of this letter.

You must send a written request for this review to the Health Director, HEALTH DIRECTOR NAME, by mail at the following address: ADDRESS, or by email to: EMAIL.

The Health Director will reach a decision **within fifteen (15) school days** of your request. You will receive written notification of this decision.

2nd: Seek Impartial Hearing. You may contest the Health Director’s decision by requesting an impartial hearing, in writing, **within ten (10) school days** of the date you receive the decision by writing to the Impartial Hearing Office, New York City Department of Education, 131 Livingston Street, Room 201, Brooklyn, NY 11201.

If you feel you, or your child, has been discriminated against, you may also file a complaint of discrimination with the Office of Equal Opportunity (OEO) according to the procedures stated in Chancellor’s Regulation A-830.

Please contact the school Section 504 Coordinator, 504 COORDINATOR NAME, at PHONE NUMBER if you have any questions about the Section 504 Team’s decision.

Sincerely,

SIGNATORY