

# Spencer County School District

## SECTION 504

### NOTICE OF CONFERENCE

- ☐ Referral Meeting
- ☐ Initial conference to review referral
- ☐ Tri-annual Review Meeting
- ☐ Convened for Other Reason

This is to notify you of our Section 504 team Meeting. Please contact your school 504 Coordinator, \_\_\_\_\_, phone number \_\_\_\_\_, immediately if this is not a convenient time for you.

Student \_\_\_\_\_ Date \_\_\_\_\_

Time \_\_\_\_\_

Location \_\_\_\_\_

#### A. The purpose of this meeting:

- ☐ Discuss results of evaluation/Section 504 eligibility.  
Student access needs will be discussed and any applicable accommodation or program modification will be considered.
- ☐ Program/Activity access
- ☐ Review health needs
- ☐ Review instructional progress ☐ Review of placement
- ☐ Discuss misconduct/infraction of school rule as it relates to disability
- ☐ Other (Specify) \_\_\_\_\_

The following records will be discussed \_\_\_\_\_  
\_\_\_\_\_

#### B. The following people will be attending this meeting:

504 Coordinator \_\_\_\_\_  
Parent \_\_\_\_\_  
General Education Teacher \_\_\_\_\_  
Other \_\_\_\_\_  
Other \_\_\_\_\_  
Other \_\_\_\_\_

C. If you wish to review your (son's/daughter's) educational records, including any material that will be discussed at the meeting, please call \_\_\_\_\_ to schedule a mutually convenient time for such review.

D. You may bring additional persons to the 504 team Meeting.

E. Please complete the following and return to the principal

- ☐ I **will** attend the 504 team Meeting
- ☐ I will **not** attend the 504 team Meeting

Signature: \_\_\_\_\_

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

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