



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 discuss:

- ☐ whether your child requires Section 504 disability accommodation(s).
- ☐ your request for Section 504 disability accommodation(s).
- ☐ your child's existing Section 504 Plan.

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

The meeting is scheduled for:

Date: _____ **Time:** _____ **Location:** _____

The following Section 504 Team members will attend the meeting:

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: _____