

THOMASTON PUBLIC SCHOOLS
Section 504 Meeting Notice

Date: _____

Parent/Guardian: _____
Street: _____
City/Zip Code: _____

Parent/Guardian: _____
Street: _____
City/Zip Code: _____

Dear _____:

Please be advised that a Section 504 meeting will be convened on behalf of your child. The meeting is scheduled as follows:

Date: _____ Time: _____ Location: _____

The purpose of this meeting is to:

- Consider Referral
- Discuss Evaluation Issues
- Determine Eligibility
- Develop Student Accommodation Plan
- Review and/or revise Student Accommodation Plan
- Other: _____

The following individuals have been invited to attend:

Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____

Please make every effort to attend this meeting. You may bring anyone of your choosing to this meeting. The meeting can be rescheduled at a mutually agreed upon time and place. A COPY OF YOUR RIGHTS IS ENCLOSED.

If you have any questions or wish to reschedule the meeting, please contact me at: 860-283-3050x2

Sincerely,

Director of Pupil Services

cc: Student's Cumulative File