

**WELLINGTON SCHOOL DISTRICT
221 S WASHINGTON
WELLINGTON, KS 67152**

ADVANCE WRITTEN NOTICE OF 504 TEAM MEETING

Student's Name: _____ DOB: _____ Age: _____
School: _____ Grade: _____
Parent/Guardian: _____ Case Manager/Contact Person: _____

Date: _____

Dear _____,

A 504 Team meeting has been scheduled for your child on:

Date: _____ Time: _____ Place: _____

The purpose(s) of the meeting is:

- Initial Referral/Eligibility
- Annual Review
- Evaluation/Re-evaluation
- Parent Request
- Transfer Student
- Other

As the parent(s)/guardian of a child or as an adult student who has or may have a disability, you are encouraged to participate in the 504 Team meeting. Additional participants who have knowledge or special expertise regarding the child may be invited at the discretion of the parents or district. Members and participants invited to attend the 504 Team meeting may include the following:

- Title:** _____ **Name:** _____
- 504 Coordinator:
 - Administrator:
 - Regular Education Teacher:
 - Evaluator(s):
 - Child or Adult Student:
 - Other:

If you have questions or cannot attend at the scheduled time, please call _____ at _____.

(A copy of the Notice of Parent/Student Rights will be provided upon request.)