

New Prague Area Schools

Independent School District No. 721

Website: www.np.k12.mn.us



415 1st Avenue Northwest New Prague, MN 56071
Office of Special Services

Phone: 952-758-1768
Fax: 952-758-1769

Form 3

NOTICE OF SECTION 504 COMMITTEE MEETING

Student Name: _____ Date: _____

School: _____ Grade: _____

To: Parents/Guardians of _____
(Student Name)

FROM: Section 504 Coordinator _____
(Name and phone number)

You are invited to attend a Section 504 Evaluation Meeting to discuss the results of your child's evaluation. The purpose of this meeting is to determine if your child is eligible to receive or continues to need special accommodations/services under Section 504 in order to have access to and can receive a free and appropriate public education.

You are encouraged to attend this meeting. You may bring a friend or advisor to the meeting, if you wish. The meeting will be held at:

Date: ____/____/____ Time: _____ Location: _____

Each of the School staff members listed below has been involved in the evaluation of your child. Each will attend the meeting or be represented by someone who is knowledgeable about your child and your child's evaluation.

_____	_____
_____	_____
_____	_____
_____	_____

If you have questions, please contact me at 952-758-_____.

Sincerely,

Building 504 Coordinator



CONFIRMATION OF PLAN TO ATTEND SECTION 504 COMMITTEE MEETING

Student Name _____

Please return this completed form in the enclosed envelope.

CONFIRMATION OF PLAN TO ATTEND SECTION 504 COMMITTEE MEETING:

___ I will attend the Section 504 Committee Meeting (Parent)

___ I will not attend the Section 504 Committee Meeting (Parent)

___ I will attend the Section 504 Committee Meeting (Parent)

___ I will not attend the Section 504 Committee Meeting (Parent)

___ My child will attend the Section 504 Committee Meeting

___ My child will not attend the Section 504 Committee Meeting