

Section 504
Notice of Conference

Date of Notice:

To:

The 504 Referral Review Team of School District 318 has completed its evaluation of:

Student's Name:

and will be meeting to discuss the results and to determine if your child has special needs. You are encouraged to attend this meeting. It will be held:

Day:

Date:

Time:

Location:

You may bring a friend or advisor to the meeting if you wish. The following are members of the Referral Review Team:

Name	Title
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Each of these people 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 the evaluation which was done. Those other people may also be present at the meeting as they can contribute to the decision-making process.

If you have any questions, please call me at:

Name & Title:

Building: