KENTUCKY PUBLIC SCHOOL DISTRICT NOTICE OF SECTION 504 ELIGIBILITY OR NON-ELIGIBILITY

| Date: | |
|----------------------------|--|
| | |
| Dear: | |
| As you that: | know, the 504 team met to discuss your child. Based on the materials before us, we determined |
| accom | or child has a qualifying disability under Section 504 of the Rehabilitation Act that requires an modation plan. Please review the enclosed Notice of Meeting. Or child does not have a qualifying disability under Section 504 and does not require an modation plan. |
| 504 Te | am Meeting Date: |
| you wi may bi procee | disagree with our determination, I would be happy to meet with you to discuss your concerns. If sh, you also have the right to file a grievance and to request an impartial hearing, to which you ring an attorney to represent you. Contact me if you wish to file a grievance. If you wish to d to a formal hearing, please send a written request to the Section 504 Coordinator/Compliance at the address below: |
| If you | have any questions or would like to schedule a meeting, please do not hesitate to contact me. |
| Sincer | ely, |
| | |
| Phone: | |
| Keep o | original in file |
| ☐ Har | nd-Delivered |