## KENTUCKY PUBLIC SCHOOL DISTRICT SECTION 504 NOTICE OF MEETING

## Dear Parent,

This is to notify you of our Section 504 team meeting. See specifics below. Please contact your school principal immediately if this is not a convenient time for you.

Type of Meeting:

- □ Referral/Consider Initial Evaluation
- □ Evaluation Planning
- □ Eligibility Determination
- □ Determine Accommodation/Placement
- □ Annual/Tri-annual Review
- $\Box$  Reevaluation
- □ Determine if recommend override of parent refusal/revocation for 504 evaluation
- $\Box$  Manifestation Determination
- $\Box$  Convened for Other Reason (Specify)

Principal Name and Phone Number:

Student Name:	
Date:	
Date.	
Time:	
I a aption	
Location:	
The following school district-sele	ected officials will attend this meeting:
School Principal:	
Parent:	
Regular Education Teacher:	
Other:	

Other:

If you wish to review your (son's/daughter's) educational records, including any material that will be discussed at the meeting, please call the principal to schedule a mutually convenient time for such review.

Please immediately inform the KPSD official listed below of any disability-related needs of the parent related to attending the meeting.

KPSD Official name, address and telephone number:

Signature of KPSD Official

Date