

**WELLS-OGUNQUIT CSD  
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 entitled and 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 Coordinators: \_\_\_\_\_
- 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.)