

**MERIDEN PUBLIC SCHOOLS  
SECTION 504 MEETING NOTICE**

Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/Zip Code: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/Zip Code: \_\_\_\_\_

Dear \_\_\_\_\_:

Please be advised that a Section 504 meeting will be convened on behalf of your child,

\_\_\_\_\_. The meeting is scheduled as follows:  
(Child's Name)

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

The purpose of this meeting is to:

- \_\_\_\_\_ Plan evaluation/initial evaluation
- \_\_\_\_\_ Determine eligibility
- \_\_\_\_\_ Develop Section 504 Plan
- \_\_\_\_\_ Review new information and/or possible need for re-evaluation
- \_\_\_\_\_ Review re-evaluation
- \_\_\_\_\_ Other

The following individuals have been invited to attend:

\_\_\_\_\_  
Name Administration

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Name Instruction

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Name Related Service

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Name Student, if appropriate

\_\_\_\_\_  
Name Title

Please make every effort to attend this meeting. You may bring anyone of your choosing to this meeting. The meeting can be rescheduled at a mutually agreed upon time and place. A COPY OF YOUR RIGHTS IS ENCLOSED. If you have any questions or wish to reschedule the meeting, please contact me:

Sincerely, \_\_\_\_\_  
[Name and Title]

A copy of this notice has been sent to the parent(s), as 504 Rights have been transferred to the student at age 18.