



530 Perryville St • Harrodsburg, KY 40330
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SECTION 504 NOTICE OF MEETING

To the educational representative of:

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

Date Time

Location

The purpose of this meeting is to:

- | | |
|---|--|
| <input type="checkbox"/> Consider a 504 referral/initial evaluation | <input type="checkbox"/> Manifestation Determination |
| <input type="checkbox"/> Plan an evaluation/reevaluation | <input type="checkbox"/> Review health needs |
| <input type="checkbox"/> Determine Eligibility for Section 504 | <input type="checkbox"/> Review of placement |
| <input type="checkbox"/> Determine accommodations | <input type="checkbox"/> Review instructional progress |
| <input type="checkbox"/> Update accommodation plan | <input type="checkbox"/> Discuss student/activity/program access needs or program modifications needed |
| <input type="checkbox"/> Annual review | |
| <input type="checkbox"/> Other: <input type="text"/> | |

The following people will be attending this meeting:

- | | |
|--|--|
| <input type="checkbox"/> 504 Chairperson/Counselor | <input type="checkbox"/> School Psychologist |
| <input type="checkbox"/> School Administrator | <input type="checkbox"/> Related Service Provider |
| <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Other: <input type="text"/> |

You may bring any additional persons to the 504 team meeting. If you have any questions or concerns that you would like to address prior to the meeting, please call the 504 Chairperson/Counselor at your student's school.

Signature of 504 Chairperson: _____ Date: _____

Please complete the following and return to the 504 Chairperson/Counselor at your school:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Yes, I will be attending the meeting on the date listed above. |
| <input type="checkbox"/> | I would like to attend the meeting via phone conference |
| <input type="checkbox"/> | No, I am unable to meet on the date about but can meet on: _____ |
| <input type="checkbox"/> | No, I will not be attending and I give permission for the meeting to continue without me. |

Signature of educational representative: _____

Date: _____ Phone Number: _____