◈ SECTION 504 / ADA ◈ SECTION 504 / ADA ◈ SECTION 504 / ADA ◈ SECTION 504 / ADA ◈ SECTION 504 / ADA ◈

NOTIFICATION TO PARENTS OF MEETING /
SECTION 504 INTENT TO SCREEN

ALBEMARLE COUNTY PUBLIC SCHOOLS
DEPARTMENT OF SPECIAL SERVICES
401 McINTIRE ROAD
CHARLOTTESVILLE, VIRGINIA 22902
(434) 296-5885

Date: _____

Student: _____

School: _____

Dear Parent(s) / Guardian(s):

This is your notification of the school's intent to conduct an individual screening for your child to determine if there is any reason to suspect that your child is a qualified individual with disabilities as defined under Section 504 of the Rehabilitation Act of 1973 (Section 504). The referral was initiated by _____(Name) _____(Position). If the referring source is your child's teacher, he or she will be in attendance at the meeting. With your permission, any outside referring source will be invited to attend the meeting.

The School Based Intervention Team of _____(School) will be meeting at _____(place) on _____ (Date) at _____ (Time) to review your child's school records. The meeting will be conducted as scheduled unless you disagree and so notify me in writing or by a telephone call. You are invited to attend and participate in the meeting should you so desire. If you do not attend the meeting, you may request a conference to discuss the results of the screening that will be documented. You have a right to review your child's educational records and the basis for the decision. Should the screening results suggest that your child is a suspected individual with disabilities as defined under Section 504, you will be contacted about conducting a Section 504 assessment.

Sincerely,

_____
Principal / Designee

Enclosure(s): Section 504 List of Due Process Rights

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