NOTIFICATION TO PARENTS
SECTION 504 CONFERENCE

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

Date: ____/____/____

Parent(s) Name: _____

Address: _____

_____

Dear Parent(s):

At this time, we would like to meet with you to review _____
(student's name)
Section 504 case. While your attendance at the meeting is not required, you are encouraged to attend.

The purpose of the meeting will include the following considerations:

- ❑ Eligibility for Section 504 Services
- ❑ Develop a Section 504 Plan
- ❑ Other _____
(List reason)

A meeting has been scheduled as follows:

Date: _____ Time: _____

Location: _____

Participants: _____

_____

_____

If you are unable to attend this meeting please contact me at the number below.

Sincerely,

_____

_____
Title

_____
Telephone

Form No. 90.03 - 01/02

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