

Section 504 Notice of Manifestation Determination Meeting

Date: _____ Student ID: _____

Student: _____ Birthdate: _____

School: _____ Grade: _____

The purpose of this meeting is to address issues arising from a recommendation or action to suspend or expel the student from school for disciplinary reasons. The purpose of the meeting is NOT to determine whether the alleged misconduct occurred.

The specific purpose of this meeting is to determine whether the student's disability caused or had a direct and substantial relationship to the misconduct, or if a failure to implement the 504 plan caused the misconduct.

This meeting will take place at: _____ (am/pm) on _____
Time Date

at _____
Location

The following individuals have been invited to the meeting:

- General education teacher
- School counselor
- School psychologist
- Administrator of your child's school or designee
- School nurse
- Speech/language pathologist
- Occupational and/or physical therapist
- Special education teacher
- Other: _____

We also encourage your child to attend. You also may wish to have another individual who is interested in your child come with you. Please let the school know if you will need an interpreter.

If you have information that you would like the team to consider, please bring it with you to the meeting or forward it to the person named below. You may also contact this person with any questions or concerns you may have about the scheduled meeting.

If you are unable to attend this meeting, please contact the school as soon as possible so that we may plan an alternative time and place that is mutually convenient. Your cooperation is appreciated.

Name and Title Phone Number

A copy of the Notice to Parent—Rights Afforded by Section 504 of the Rehabilitation Act of 1973 is also provided with this notice.