

ST CLOUD AREA DISTRICT 742 SCHOOLS	SECTION 504/ADA NOTICE OF A CONFERENCE
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Student: _____ **Grade:** _____
School: _____ **Date:** _____

Re: _____ **Initial Conference** _____ **Annual Review** _____ **Special Meeting**

Dear _____:

This is to confirm the Section 504 Conference Committee meeting that was mutually agreed upon to be held on: _____ at _____ in _____
Date Time Location/Room

The purpose of this meeting is to:

- | | |
|---|---|
| <input type="checkbox"/> Discuss results of evaluation
<input type="checkbox"/> Instructional progress
<input type="checkbox"/> Misconduct/infraction of school rules as it related to disability | <input type="checkbox"/> Review of placement
<input type="checkbox"/> Other: (specify) |
|---|---|

The following individuals are anticipated to be in attendance:

- | | |
|--|--|
| <input type="checkbox"/> Parent(s)/Guardian
<input type="checkbox"/> Student
<input type="checkbox"/> Classroom Teacher
<input type="checkbox"/> Guidance Counselor
<input type="checkbox"/> Interpreter | <input type="checkbox"/> School Principal
<input type="checkbox"/> School Psychologist
<input type="checkbox"/> School Social Worker
<input type="checkbox"/> School Nurse
<input type="checkbox"/> Other Specialists
<input type="checkbox"/> Other: |
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You may also bring additional persons to the meeting. Please contact me if there are additional school personnel you would like to have in attendance.

Please call if you have any questions.

Sincerely,

Name	Position	Telephone
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