**504 FORM E**

Walworth Jt. District #1

INVITATION TO SECTION 504 EVALUATION TEAM MEETING

[INSERT DATE]

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

The district's Section 504 evaluation team is completing its evaluation of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and will be meeting to discuss the results and to determine if your child is a qualified person with a disability who has special needs. You are encouraged to attend this meeting which will be held:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You may bring a friend or advisor to the meeting if you wish. Please bring any information you believe the team might find helpful. The following are members of the evaluation team:

NAME TITLE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Each of these people has been involved in the evaluation of your child. Each will attend the meeting or be represented by someone who is knowledgeable about your child and the evaluation which was done.

If you have any questions, please contact me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name and Title Location

2/12 Invitation to Section 504 Evaluation Team Meeting

(504 FORM E)