**504 FORM I**

(School Letterhead)

[INSERT DATE]

Re: Notice of Ineligibility for Section 504 Services

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

At the recent Team Evaluation meeting, it was determined that your child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is not a qualified student with a disability under Section 504, or that your child does not require an accommodation plan. Enclosed you will find the Section 504 Team Evaluation Summary Report documenting this finding.

Our school staff is confident that the information gathered from the evaluation process will be helpful in programming for your child’s education. Feel free to call me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if you have any questions regarding the enclosed items. Your assistance throughout this process is very much appreciated.

Respectfully,

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

Section 504 Building Coordinator

xc: Section 504 District Coordinator