**MICHIGAN CITY AREA SCHOOLS**

**PARENT NOTICE OF SPECIAL EDUCATION OR SECTION 504 REFERRAL**

Dear *(Parent)*:

A Section 504 Referral (attached) has been initiated for your *(son/daughter)*. This correspondence serves as notification that I would like to gather information from a variety of sources in an effort to help *(student's name)*. Since I have *(number of days)* instructional days to act on and come to some conclusion regarding this request, I would like to meet with you on:

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

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

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

I anticipate that the referring teacher(s) will join us. The purpose of this meeting will be to:

1. Discuss the referral, including accommodations attempted;

2. Consider the information needed (testing may be necessary);

3. Gain a release of information, if necessary;

4. Gain permission to test, if necessary; and

5. Explain your Rights and Options.

In the meantime, I would appreciate a call from you if this date and time is not convenient or if you have any questions in this regard.

Thank you.

Sincerely,

*(Name and Title)*

cc: Educational Record