

REQUEST FOR 504 MEETING TEMPLATE

Parent Name  
Street Address  
City, State ZIP  
Contact Phone  
Email

Date

Principal  
504 Coordinator  
School Name  
Street Address  
City, State ZIP  
Contact Phone

Reference: Child's name

DOB: DD/MM/YYYY

Dear PRINCIPAL:

I am writing to request a meeting as soon as possible to discuss the development and implementation of a 504 Plan for CHILD'S NAME.

Please provide me with three possible meeting dates/times that you can coordinate to have all of the appropriate individuals in attendance including but not limited to the school counselor, all of CHILD's teachers this year, and the school nurse.

We would like to audio record the meeting and are notifying you so that appropriate accommodations can be made.

I look forward to hearing from you no later than 5 business days from the date of this letter with a response.

Thank you in advance for your support.

Kind regards,

PARENT

Cc: Advocate (if applicable)  
SST (Student Support Team) FACILITATOR