

Tangipahoa Parish School System

**Section 504 Parent Notification/Oral Interpretation**

Student: \_\_\_\_\_ SS/ID#: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

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

The Student Assistance Team (SAT) has scheduled a meeting concerning your child for the reason(s) indicated below.

\_\_\_\_\_ Student Assistance Team Meeting

\_\_\_\_\_ Section 504 Assessment/Re-assessment and Oral Interpretation

\_\_\_\_\_ Section 504 Individual Accommodation Plan and Oral Interpretation

\_\_\_\_\_ Act 1120 Screening/Assessment Oral Interpretation

\_\_\_\_\_ Section 504 Relatedness Hearing

Your attendance at this meeting will be greatly appreciated.

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

PLACE: \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
Section 504 Chairperson

\_\_\_\_\_ Parent did not attend meeting and a copy was mailed on \_\_\_\_\_.  
OR

\_\_\_\_\_ The Section 504 Assessment/Reassessment and/or Individual Accommodation Plan and/or the Act 1120 Screening for my child has been explained to me. I understand the oral explanation and the written plan has been provided to me. I retained a copy of the plan.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Section 504 Chairperson

\_\_\_\_\_  
Date

\_\_\_\_\_ **Parent/Student Rights Attached**