

Notice of Ineligibility for a Section 504 Plan

Date: _____

Dear _____

This letter regards your student:

Student: _____

School: _____

SSID: _____

Grade: _____

DOB: _____

After reviewing the referral and conducting an evaluation, the Section 504 team has decided that your student is not eligible to receive accommodations, related aids, or services under Section 504 for the following reason(s):

Enter text

If you would like to learn more about your student's eligibility determination, please contact me to discuss the results of their evaluation or for a copy of the evaluation report.

Attached is a copy of you and your child's rights under Section 504. If you have any questions, feel free to contact me.

Respectfully,

Name: _____

Title: _____

Signature: _____

Date: _____

Phone: _____

Email: _____

Enclosure: Notice of Parent/Student Rights