



**SEATTLE SCHOOL DISTRICT
PARENT NOTICE:
SECTION 504 ELIGIBILITY OR NON-ELIGIBILITY
(FORM 504-9)**

Student Name: _____ Date: _____
Student ID #: _____ Birth Date: _____
School: _____ Grade: _____

On _____, the Student Intervention Team (SIT) at your child's school met to discuss your child's academic progress. Based on the materials the team reviewed, a determination was made that:

_____ Your child has a disability under Section 504 of the Rehabilitation Act that requires an accommodation plan to ensure your child full access to all school activities.
A copy of the plan is enclosed for your review. The disability is _____.

_____ Your child is not eligible for a Section 504 plan because:

If you disagree with the above determination you have the right to request an impartial hearing and to bring an attorney to represent you. If you wish to proceed to a formal hearing, please complete the enclosed Request For Hearing form.

If you have any questions please do not hesitate to contact _____ at _____.