## PASADENA UNIFIED SCHOOL DISTRICT

	Child W	Velfare and Attendance
SECTION 504 TEAM DECISION		
		School Name
Date		
Dear		
Dear	Parent(s)/Guardian(s)	
RE:	The Section 504 Team Meeting held or	n
		(Date)
For yo	our child	(Student's Name)
		(Student 8 Name)
that su		nild to determine if he/she has a mental/physical impairment.  The attached "Section 504 Evaluation Documentation" luation meeting.
	Your child meets the criteria as disabled under Section 504 and a plan was developed to assis her/him in the general education program. Attached is a copy of the plan.	
	Your child did not meet the criteria as disabled under Section 504 and will continue to receiv general education and any available general education resources and programs.	
	Your child did not meet the criteria as disabled under Section 504 because he/she is currently eligible for special education services.	
identif put in Please	ication, evaluation, or accommodation writing and sent to the principal with	eal the local school site's decisions with regard to the ons of students under Section 504. Such appeals must be hin 15 days of receiving notice of the school site decision region Procedural Safeguards under Section 504 of the other appeal options.
	[NAME OF PRINCIPAL, S	SCHOOL ADDRESS, PHONE NUMBER]
	Iditional information or assistance, re and at (626) 396-3600 ext. 88230.	parents/guardians may call the Coordinator of Child
Sincere	ely,	

**School Section 504 Designee** 

Attachment: "Parent/Guardian Procedural Safeguards under Section 504 of the Rehabilitation Act of 1973" (Form C)

Form H - English Rev. 7/2022 CWA