NOTICE OF ELIGIBILITY DETERMINATION

| (ON SCHOOL LETTERHEAD) | | | | | | | |
|--|--|---|----------------------------|-----------|------------|--------|--|
| Da | te: | | | | | | |
| De | ar | : | | | | | |
| Th | e School-Based §50 | 04 Assessment Team has determin | ed that: | | | | |
| | | Your child is a qualified individua | with a disability pursuant | t to §504 | 4 | | |
| ☐ Your child is not a qualified individual with a disability pursuar | | | | uant to { | nt to §504 | | |
| | Your child is eligible for accommodations pursuant to §504 and two (2) copies of §504 Team's proposed §504 Accommodation Plan is enclosed with this letter | | | | | | |
| ☐ Your child is not eligible for accommodations pursuant to §504 | | | | | | | |
| 1. | File a complaint of discrimination with the Office of Equal Opportunity (OEO) according to the procedures stated in Chancellor's Regulation A-830; or Seek a review of the §504 procedures followed by the school in the following manner: 1st: Seek Initial Review. You must seek review within ten (10) days of your receipt of this letter. You must send a written request for this review to the Regional §504 Coordinator at the following address decision within fifteen (15) days of your request. You will receive written notification of this decision. 2nd: Seek Impartial Hearing. You may challenge the Regional §504 Coordinator's review by requesting ar impartial hearing, in writing, within ten (10) days of the date you receive the Regional §504 Coordinator's decision by writing to the Impartial Hearing Office, New York City Department of Education, 131 Livingstor Street, Brooklyn, NY 11201. | | | | | | |
| Ple ha | ease contact the Sch ve any questions ab | nool §504 Coordinator,out the §504 Team's decision. | . | _ at (|) | if you | |
| Sir | cerely, | | | | | | |
| Pri | ncipal | | | | | | |