

## Step 8A: 504 Suspension Parent Notification

Date

To the Parents of (insert student name):

It has been decided by your student's referral team that their 504 plan will be temporarily suspended due to circumstances specific to their disability. When the disability presents itself again, the plan will be reactivated. Please sign and date this correspondence to indicate your participation in this decision and your acceptance of the suspension.

Parent Signature:

Date:

Sincerely,

Marci Dunlap, 504 Coordinator