



PARENT REQUEST FOR SECTION 504 EVALUATION

Student's Name: _____ Grad Year: _____ Birth date: _____

Age: _____ School: _____ School Counselor: _____

Parent(s)/Guardian(s): _____

Address: _____

Home Phone: _____ Second Phone: _____

If you feel that the student needs accommodations in his/her high school classes, the documentation supporting this view should be submitted with this request form to your student's school counselor.

1. What is the student's perceived disability that is the basis for the requested accommodations?

☐ Visual ☐ Learning ☐ Hearing ☐ Physical ☐ Other _____

2. Documentation to support the need for the requested accommodation should:

- State the specific disability and when it was initially diagnosed
- Be current (within the last three years)
- In cases of medical diagnoses, the documentation must be no more than one year old and should include the doctor's treatment plan
- Include the tests/techniques used to arrive at the diagnosis including the dates of evaluation, test results with subtest scores, and observations
- Establish the professional credentials of the evaluator including information about license or certification in areas of specialization
- Must describe how the impairment impacts daily functioning and how the accommodation(s) requested addresses the need

The student services team will meet to review all of the documentation, including that submitted by you, and to determine whether or not the student has a SUBSTANTIAL limitation on learning, which is required to qualify for accommodations.

Please complete the Parent/Guardian Report and sign this form where indicated below. Then return both with your documentation, to your student's counselor.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date



PARENT/GUARDIAN REPORT FOR 504 ACCOMMODATION REQUEST

The student services team attempts to collect as much information about a student as possible. In order to better help the student services team understand your concerns as a parent/guardian, please answer the questions below and return this with your 504 accommodations request. Thank you!

Student's Name: _____ Date: _____

Disability: _____

1. How do you as the parent/guardian see the documented disability affecting your child in the school setting?
2. How do you as the parent/guardian see the documented disability affecting your child at home?
3. What interventions have already been attempted to help your child be more successful in school (e.g. guided study hall, study hall/lunch, homework club, etc.)?
4. What are the biggest concerns you have for your child?
5. Is there any other information you feel would be relevant to the committee's decision making?