

INSPIRING EXCELLENCE - EVERY CHILD, EVERYDAY

Request for Section 504 Evaluation

Pursuant to Section 504 of the Rehabilitation Act of 1973, the district has a duty to identify, refer, evaluate, and provide free appropriate public education to all children with disabilities. For additional information regarding Section 504, please contact your school's Section 504 Coordinator, or the Office of Special Services at (307) 328-9200.

WISER ID:		Date:	
First Name:		Last Name:	
DOB:		Grade:	
School:		Primary Language:	
Parent/Guardian:		Phone Number:	
Home Address:			
Person making this request:		Relation to Student:	

What is the reason for this request? *(Clarify Student's needs and area(s) of concern)*

What major life activity is substantially limited? *(Check all that apply below)*

<input type="checkbox"/> Learning	<input type="checkbox"/> Seeing	<input type="checkbox"/> Bending	<input type="checkbox"/> Brain function
<input type="checkbox"/> Reading	<input type="checkbox"/> Hearing	<input type="checkbox"/> Standing	<input type="checkbox"/> Reproductive function
<input type="checkbox"/> Concentrating	<input type="checkbox"/> Eating	<input type="checkbox"/> Performing manual tasks	<input type="checkbox"/> Circulatory function
<input type="checkbox"/> Working	<input type="checkbox"/> Speaking	<input type="checkbox"/> Bowel function	<input type="checkbox"/> Neurological function
<input type="checkbox"/> Thinking	<input type="checkbox"/> Breathing	<input type="checkbox"/> Bladder function	<input type="checkbox"/> Normal cell growth
<input type="checkbox"/> Communicating	<input type="checkbox"/> Sleeping	<input type="checkbox"/> Digestive function	<input type="checkbox"/> Functions of immune system
<input type="checkbox"/> Lifting	<input type="checkbox"/> Walking	<input type="checkbox"/> Endocrine function	<input type="checkbox"/> Respiratory function
		<input type="checkbox"/> Caring for one's self	<input type="checkbox"/> Other:

Are there current medical records, outside agency reports, prior school evaluations, etc. available that would assist the team in considering a referral for a Section 504 evaluation? YES NO

Check all that apply:

<input type="checkbox"/> Prior Special Education Evaluation	<input type="checkbox"/> Assessment Data
<input type="checkbox"/> Medical/Health Records	<input type="checkbox"/> Disciplinary Referrals
<input type="checkbox"/> Grades/Standardized Test Scores	<input type="checkbox"/> Outside Agency Reports
<input type="checkbox"/> Language Surveys	<input type="checkbox"/> Other:

The district is required by law to conduct an evaluation prior to determining Section 504 eligibility. Submission of this form does not guarantee your child will be evaluated for Section 504 eligibility. Additional information may be necessary to determine the appropriateness of this request. The building Section 504 Coordinator will contact you regarding an evaluation determination within 5 days of receipt of this signed form.

Signature of person making this request	Date
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Return this form to the building Section 504 Coordinator. Attach any supporting documentation.

For Office use only	
Received by:	Date: