

SPAULDING HIGH SCHOOL

REQUEST FOR SECTION 504 DETERMINATION AND 504 PLAN

(INCLUDING REQUEST FOR ASSESSMENT IF NECESSARY)

Parent/Guardian Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number / Email: _____

Date: _____

Principal - Brenda Waterhouse

504 Coordinator - Luke Aither

School Name - Spaulding High School

School Address - 155 Ayers St. - Barre, VT 05641

Student Name : _____

Date of Birth: _____

Name of School: Spaulding High School

Grade: _____

Dear 504 Coordinator and School Principal:

I am writing to refer my child for determination of eligibility under Section 504 of the Rehabilitation Act of 1973 and to develop a formal documented 504 Plan of necessary educational services, which may require accommodations, program modifications, or services in order to enable my child to benefit from public education to the extent that students without disabilities do and to provide a free appropriate public education (FAPE) under Section 504 in the least restrictive environment (LRE).

My child has disabilities which substantially limit(s) major life activities, adversely impacting my child's learning and preventing equal access to educational opportunities and programs.

[Briefly describe your reasons for concern, child's disability, needs, etc.]

We have documentation from _____
[list independent evaluations, or doctor or therapist reports] that would qualify my child for services under Section 504 and would like to submit that information for review. We believe this information is more than sufficient for the Section 504 planning team to immediately make the determination of Section 504 eligibility and to develop necessary accommodations and/or services in a formal 504 Plan to remove discriminatory barriers and to provide my child a FAPE. We request a 504 team meeting without delay to develop a 504 Plan to meet my child's unique needs.

Please attach documentation, pertinent reports, or say that you have such evidence of need and can make it available to the district upon request.

I request that the Section 504 Coordinator for school be present at the initial 504 team meeting to discuss findings, results, and recommendations with the Section 504 team. **You may request specific teachers or staff members be present here:** _____

Should the school believe that the information I have provided is not sufficient to determine 504 eligibility and needs immediately, let this letter serve as my formal written request for a comprehensive evaluation in all areas of suspected disability under the Individuals with Disabilities Education Act (IDEA), as best practice, to make the 504 (and/or special education determination) and to identify 504 needs (and/or IEP needs should my child be found eligible under IDEA) within the timelines and processes that IDEA requires.

If you have specific areas you think need to be assessed regardless, or know specific tests your child needs, you may add specific requests below.

Please confirm in writing that:

- 1) I have provided sufficient information, that a 504 Planning meeting will be scheduled without delay with proposed mutually agreeable dates/times for the 504 meeting to develop the 504 Plan, or that
- 2) I will receive an Assessment Plan within 15 calendar days for my review, and then
- 3) I will be provided copies of any and all assessment reports and other documentation that will be presented at a 504 meeting, at least 5 business days in advance of the meeting, so that I may adequately prepare for the meeting and so that my parent participation is ensured.

I understand that I must receive a written response and information about my Due Process rights if refused. Thank you. Sincerely,

Signature: _____

Parent/Guardian Name: _____

Enclosed: _____

[Please list attachments you may like to include to help the district understand the child's disabilities, diagnoses, or needs.]