



INSPIRE. EMPOWER. NURTURE.  
Enter with promise. Leave with purpose.

**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

