

Hinsdale Township High School District 86
Parent/Guardian Request for Section 504 Plan

Directions:

1. Please complete the section below.

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Student name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_  
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2. Please include supporting documentation, if any. If available,

- Please be sure any supporting documentation states the specific disability or disabilities and diagnosis date(s).
- Please note that any supporting documentation should be current (within the last year).
- For medical diagnoses, the documentation should include the diagnosis on letterhead from the professional making the diagnosis, that is, physician, psychiatrist, etc.
- Please be sure the supporting documentation includes the tests/tools used to arrive at the diagnosis including the dates of evaluation and test results with subtest scores and observations.
- Please list the diagnoses (impairment or disorder) below and describe how they impact your child's daily functioning and/or completion of major life activities.

Please note that supporting documentation is not required for you to complete this form. That is, if you have suspicion that your child has one or more impairments that may be substantially limiting one or more major life activities, please write in Section I below what you believe the impairment(s) may be.

I. _____ Physical Disorder or Impairment Describe: _____
_____ Mental or Psychological Impairment Describe: _____

II. A student becomes eligible for a Section 504 Plan if the student's impairment(s) is found to substantially limit one or more major life activities and there is an adverse impact to learning. Please indicate the following areas in which the student experiences a substantial limitation:

_____ bending	_____ concentrating	_____ lifting	_____ sleeping	_____ thinking
_____ breathing	_____ eating	_____ performing manual tasks	_____ speaking	_____ walking
_____ caring for oneself	_____ hearing	_____ reading	_____ standing	_____ working
_____ communicating	_____ learning	_____ seeing		

_____ the operation of a major bodily function (i.e., immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, reproductive functions)

III. How does the impairment (whether diagnosed by a professional or what you observe) affect your child's educational progress?

Parent/Guardian Signature: _____ Date: _____
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3. Please send this completed request and all supporting documentation, if available, to your student's guidance counselor.

A team consisting of relevant Hinsdale Central or South professionals will review the information, data, and any reports submitted. Determining a substantial limitation requires gathering thorough information including teacher feedback and observations. The team reviewing the information will determine whether it needs to collect additional data or information and may seek your consent for an initial Section 504 Plan evaluation.