

**PASADENA UNIFIED SCHOOL DISTRICT**  
Child Welfare and Attendance

**REQUEST FOR SECTION 504 EVALUATION**

Date of Request	
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Student		Date of Birth	
School		Grade	
Student's Primary Language		English Language Level	

Parent(s)/Guardians(s)			
Home Address			
Home Phone		Work Phone	

**STUDENT NEED(S)/AREA(S) OF CONCERN:**

What is the student's suspected disability?

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

- |  |  |                                    |                                   |
|--|--|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Caring for one's self | <input type="checkbox"/> Performing manual tasks | <input type="checkbox"/> Breathing | <input type="checkbox"/> Speaking |
| <input type="checkbox"/> Walking               | <input type="checkbox"/> Hearing                 | <input type="checkbox"/> Learning  | <input type="checkbox"/> Working  |
| <input type="checkbox"/> Other (explain)       |  |                                    |                                   |

Additional Comments:

Are there any current medical records, outside agency reports, prior school evaluations, etc., that would assist the team in evaluating the student? Please list (and attach, if available).

Has the student ever been evaluated for special education services?  Yes  No

If yes, indicate when

Person making the request (please indicate relationship to student; e.g., parent, teacher)

Name		Relationship	
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**Parent Acknowledgement** to have the above-named student evaluated for possible eligibility under Section 504 of the Rehabilitation Act of 1973 in order to provide an accommodation plan designed to meet his/her educational needs in the general education program.

Signature of Parent Acknowledgement	
Check one of the following:	<input type="checkbox"/> I consent <input type="checkbox"/> I do not consent

**Return this form to the School Section 504 Designee. Attach any supportive documentation.**

Received by		Date	
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