

# Section 504 Resolution Agreement Training Report

Name of LEA: \_\_\_\_\_

LEA's Contact Person for Section 504: \_\_\_\_\_

In accordance with the Section 504 Resolution Agreement, key administrators and critical staff involved in the oversight for or identification, evaluation, and placement of students under Section 504 and Title II of the Americans with Disabilities Act (ADA) participated in training regarding the regulatory requirements of Section 504 and the ADA. The training was:

Conducted By: \_\_\_\_\_

On: \_\_\_\_\_ [date].

The following individuals participated in the training (please attach additional names if necessary):

Name	Position / Job Title

I hereby certify that the above-listed individuals participated in the training as described above.

Signature: \_\_\_\_\_  
[by the LEA superintendent or authorized designee]

**Please submit by June 20, 2012 via email or U.S. mail to:**

U.S. Department of Education  
Office for Civil Rights  
ATTN: Vicki Lewis  
61 Forsyth Street S.W. Suite 19T10  
Atlanta, GA 30303  
[vicki.lewis@ed.gov](mailto:vicki.lewis@ed.gov)

**AND**

Georgia Department of Education  
Office of Legal Services  
2052 Twin Towers East  
205 Jesse Hill Jr. Drive  
Atlanta, GA 30334  
[legal.services@doe.k12.ga.us](mailto:legal.services@doe.k12.ga.us)