

**PARENT/GUARDIAN REQUEST FOR EVALUATION, TERMINATION OR
MODIFICATION UNDER SECTION 504**

Student Information

Last Name: _____ First Name: _____ Middle Initial: _____
 Birth Date: _____
 School: _____ Grade: _____ Class: _____

Parent/Guardian Information

Last Name: _____ First Name: _____ Middle Initial: _____
 Home Address: _____
 Home Phone: _____ Work Phone: _____

Referral Information

The parent/guardian believes that the above named student:

1. _____ should be identified as a qualified student with a disability.

The basis for the belief that the student is a qualified student with a disability is:

Describe how the disability affects the student's access to or benefit from the school's educational programs, nonacademic services or extracurricular activities:

Describe the requested aids, services or accommodations:

2. _____ should no longer be identified as a qualified student with a disability.

The basis for the belief that the student is no longer a qualified student with a disability is:

3. _____ requires a change or modification of the student's Service Agreement.

The proposed change or modification of the Service Agreement is:

If you have any additional information or medical records which will assist in this process, please forward them to the Section 504 Building Administrator.

Notice of Rights

Parents/Guardians have the right to inspect and review all relevant school records of the student, meet with appropriate school officials to discuss any and all issues relevant to the evaluation and accommodations of their child, and give or withhold their written consent to the evaluation and/or the provision of services.

Verification

By submitting this request, I am requesting that the district review the referral information above and any additional information I attached. I understand that the district, its agents and its employees are relying on the accuracy of the information that I have provided in this form, and any information attached thereto, to determine whether and to what extent my child will be provided with accommodations under Section 504.

 Parent(s)/Guardian(s) Signature

 Date Submitted

**DO NOT WRITE BELOW
(FOR DISTRICT USE ONLY)**

Reviewed by: _____
Name (Please Print) Title

Student's Last Name: _____ First Name: _____ Middle Initial: _____
School: _____ Grade: _____ Class: _____

The Parent/Guardian Request for Evaluation, Termination or Modification is:

Approved _____ Denied _____ Referred for Further Review _____

Reason Request Approved or Denied:

Signature - Reviewer

Date

Signature - Section 504 Building Administrator

Date

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Procedural Safeguards

Parents/Guardians may also use one or more of the procedural safeguard options, listed in Board policy, to resolve a dispute related to the identification or evaluation of a student as a qualified student with a disability, or the student's need for related aids, services or accommodations.

