

Lee's Summit R-VII School District

301 N.E. Tudor Road

Lee's Summit, Missouri 64086

(816) 986-1000

Request for Consideration for Section 504 Evaluation

Complete this Form and Return it to the Section 504 Coordinator

Student's Name: _____ **Date of Birth:** _____

School: _____ **Grade:** _____

Parent/Guardian Name: _____

Individuals Making Request:

Individual(s)

Role(s)

Individual(s)	Role(s)
_____	_____
_____	_____
_____	_____

1. Reason for Section 504 evaluation request/referral.

2. Describe the student's known or suspected physical or mental impairment.

3. What major life activities do you believe are substantially limited by the physical or mental impairment described above? Describe the manner and degree of limitation.

4. Describe any interventions or strategies that have been or are being used to address the student's difficulties, if any, and describe the student's response to those interventions/strategies.

Additional information: Please submit any documentation or other information that supports your reason for believing the student has a disability under Section 504 to meet the student's educational needs (for example: medical/psychological or other evaluation reports or documentation, Health Care Plan, etc.)

Signature of person making request/referral _____

Date of referral _____

Date Received by the Section 504 Coordinator _____