

SECTION 504 STUDENT/PARENT REQUEST FOR ACCOMMODATIONS

Student's Name: _____ School: _____ Grade: _____

Parent(s): _____ Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

504 applies to students who have a physical or mental impairment which substantially limits one or more major life activities, has a history of such an impairment or is regarded as having such an impairment.

Please complete this form in the event you believe that your child may be eligible for 504 accommodations or if your child has a 504 Plan and you would like your child's 504 Team to consider additional or modified accommodations.

1. Describe your child's physical or mental impairment:

2. Describe how the impairment affects your child's performance or needs at school:

3. Describe Your Child's Strengths and Weaknesses:

Strengths	Weaknesses
1.	
2.	
3.	
4.	

4. Set Forth Your Requested Accommodations:

Please call _____, building Section 504 Coordinator, if you have any questions.

Parent/Guardian Signature

Date