

Form A

Division of Student Support Services

REQUEST FOR SECTION 504 EVALUATION

Student Name _____ Student ID # _____
Grade _____ DOB _____ Gender ___M___F School _____
Parent Name(s) _____
Address _____
Home Phone _____ Business Phone _____
Requested by _____ Title/Relationship: ___parent___ teacher ___ other _____

Student need/area of concern:

I. Does the student have a physical or mental impairment, which may substantially limit a major life activity? (Check all that apply):

____ Caring for one's self ____ Performing manual tasks
____ Walking ____ Hearing
____ Breathing ____ Working
____ Speaking ____ Learning
____ Other (explain) _____

II. Additional comments: _____

III. Other (current medical records/information and medical release form): _____

I/We request that _____ (student) be evaluated for eligibility under section 504 of the Rehabilitation Act of 1973.

Name _____ Name _____

Signature _____ Date _____

Signature _____ Date _____

Received by _____ Date _____

**SUBMIT TO THE SCHOOL SECTION 504 DESIGNEE
AND ATTACH ANY ADDITIONAL DOCUMENTATION**

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