

**REQUEST FOR SECTION 504 DETERMINATION AND 504 PLAN
(INCLUDING REQUEST FOR ASSESSMENT IF NECESSARY)**

Parent/Guardian Name
Address
City, State, Zip Code
Telephone Number / Email

DATE: _____ **[NOTE: process is driven by timelines. Get a receipt to show proof of delivery]**

DELIVERED VIA: ___ Fax ___ Registered Mail ___ In person

1) Administrator Name:
Director of Student Services / District 504 Coordinator
School District:
District Office Address:
City, State, Zip:

2) Administrator Name:
School Principal
School Name:
School Address:
City, State, Zip:

Student Name :	Date of Birth:
Name of School:	Grade:

Dear District 504 Coordinator and School Principal:

I am writing to refer my child for determination of eligibility under Section 504 of the Rehabilitation Act of 1973 and to develop a formal documented 504 Plan of necessary educational services, which may require accommodations, program modifications, or services in order to enable my child to benefit from public education to the extent that students without disabilities do and to provide a free appropriate public education (FAPE) under Section 504 in the least restrictive environment (LRE).

My child has disabilities which substantially limit(s) major life activities, adversely impacting my child’s learning and preventing equal access to educational opportunities and programs.

[Briefly describe your reasons for concern, child’s disability, needs, etc.]

We have documentation from ***[list independent evaluations, or doctor or therapist reports]*** that would qualify my child for services under Section 504 and would like to submit that information for review. We believe this information is more than sufficient for the Section 504 planning team to immediately make the determination of Section 504 eligibility and to develop necessary accommodations and/or services in a formal 504 Plan to remove discriminatory barriers and to provide my child a FAPE. We request a 504 team meeting without delay to develop a 504 Plan to meet my child’s unique needs.

[Attach documentation or pertinent reports or say that you have such evidence of need and can make it available to the district upon request.]

I request that the Section 504 Coordinator for District be present at the initial 504 team meeting to discuss findings, results and recommendations with the Section 504 team. ***[You may ask that specific 504 team members be included who could contribute information about your child's needs – FOR EXAMPLE:]***

I also request that my child's physical education teacher, his principal, and an Adaptive P.E. specialist attend the 504 meeting. My child will also participate in the 504 meeting and will need to be excused from class to do so, if the meeting is scheduled within the school day.

Should the District believe that the information I have provided is not sufficient to determine 504 eligibility and needs immediately, let this letter serve as my formal written request comprehensive evaluation in all areas of suspected disability under the Individuals with Disabilities Education Act (IDEA), as best practice, to make the 504 (and/or special education determination) and to identify 504 needs (and/or IEP needs should my child be found eligible under IDEA) within the timelines and processes that IDEA requires.

[If you have specific areas you think need to be assessed regardless, or know specific tests your child needs, you might add specific requests – EXAMPLES:]

I request that the School District also conduct the following evaluations of my child to assist in determining all 504 needs, regardless of whether or not the team decides it is necessary to conduct full IDEA evaluation:

- (1) An assistive technology (AT) assessment to determine appropriate tools and program modifications that may be necessary to assist my child in accessing and benefiting from his educational program.
- (2) An Adaptive Physical Educational (APE) assessment to determine the appropriate accommodations or program modifications that may be necessary to assist my child in accessing and benefiting from his educational program.

Please confirm in writing that:

- 1) I have provided sufficient information, that a 504 Planning meeting will be scheduled without delay with proposed mutually agreeable dates/times for the 504 meeting to develop the 504 Plan, or that
- 2) I will receive an Assessment Plan within 15 calendar days for my review and consent so that necessary district evaluations can proceed within the timelines IDEA requires (within 60 calendar days of my consent). Also that upon completion, an IEP team meeting will be held to discuss the results to make an eligibility determination and develop an appropriate 504 Plan or IEP (if eligible) to meet my child's unique needs and provide a FAPE in the LRE, and that
- 3) I will be provided copies of any and all assessment reports and other documentation that will be presented at a 504 or IEP meeting, at least 5 business days in advance of the meeting, so that I may adequately prepare for the meeting and so that my parent participation is ensured.

I understand that I must receive a written response and information about my Due Process rights if refused. Thank you. Sincerely,

[Signature]

[Parent/Guardian Name]

Enclosed: ***[list attachments you may like to include to help the district understand child's disabilities, diagnoses, or needs.]***