

Name:

Birthdate:

Grade:

School:

Date of Meeting:

1. Describe the nature of the concern:

2. Describe the basis for the determination of the disability (if any):

3. Describe how the disability affects a major life activity:

4. Describe the reasonable accommodations that are necessary:

Review/Reassessment Date:

Participants:

Name

Title

ENCLOSED: SECTION 504/ADA PARENT/STUDENT RIGHTS IN IDENTIFICATION, EVALUATION AND PLACEMENT

C: Student's File
Parent
Dist. 504 Liaison