



ADELANTO ELEMENTARY SCHOOL DISTRICT
Academic Services

REQUEST FOR SECTION 504 EVALUATION

Date of Request

Student	<input type="text"/>	Date of Birth	<input type="text"/>
School	<input type="text"/>	Grade	<input type="text"/>
Student's Primary Language	<input type="text"/>	English Language Level	<input type="text"/>

Parent(s)/Guardians(s)	<input type="text"/>		
Home Address	<input type="text"/>		
Home Phone	<input type="text"/>	Work Phone	<input type="text"/>

STUDENT NEED(S)/AREA(S) OF CONCERN:

What is the student's suspected disability?

What major life activity is substantially limited? (Check below all that apply.)

- | | | | |
|--|--|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Caring for one's self | <input type="checkbox"/> Performing manual tasks | <input type="checkbox"/> Breathing | <input type="checkbox"/> Speaking |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Hearing | <input type="checkbox"/> Learning | <input type="checkbox"/> Working |
| <input type="checkbox"/> Other (explain) | | | |

Additional Comments:

Are there any current medical records, outside agency reports, prior school evaluations, etc., that would assist the team in evaluating the student? Please list (and attach, if available).

Has the student ever been evaluated for special education services? Yes No

If yes, indicate when

Person making the request (please indicate relationship to student; e.g., parent, teacher)

Name	<input type="text"/>	Relationship	<input type="text"/>
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Parent Acknowledgement to have the above-named student evaluated for possible eligibility under Section 504 of the Rehabilitation Act of 1973 in order to provide an accommodation plan designed to meet his/her educational needs in the general education program.

Signature of Parent Acknowledgement	<input type="text"/>	
Check one of the following:	<input type="checkbox"/> I consent	<input type="checkbox"/> I do not consent

Return this form to the School Principal. Attach any supportive documentation.

Received by	<input type="text"/>	Date	<input type="text"/>
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