

**PARENT/GUARDIAN REQUEST FOR EVALUATION, TERMINATION, OR  
MODIFICATION UNDER SECTION 504**

Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Male: \_\_\_\_\_ Female: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ Class: \_\_\_\_\_

Parent/Guardian Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Referral Information

The parent/guardian believes that the above named student:

**1. \_\_\_\_\_ should be identified as a qualified student with a disability.**

The basis for the belief that the student is a qualified student with a disability is:

\_\_\_\_\_

Describe how the disability affects the student's access to or benefit from the school's educational programs, nonacademic services, or extracurricular activities:

\_\_\_\_\_

Describe the requested aids, services, or accommodations:

\_\_\_\_\_

**2. \_\_\_\_\_ should no longer be identified as a qualified student with a disability.**

The basis for the belief that the student is no longer a qualified student with a disability is:

\_\_\_\_\_

**3. \_\_\_\_\_ requires a change or modification of his/her Service Agreement.**

The proposed change or modification of the Service Agreement is:

\_\_\_\_\_

If you have any additional information or medical records which will assist in this process, please forward them to the Section 504 Building Administrator.

Notice Of Rights

Parents/Guardians have the right to inspect and review all relevant school records of the student, meet with appropriate school officials to discuss any and all issues relevant to the evaluation and accommodations of their child, and give or withhold their written consent to the evaluation and/or the provision of services.

Verification

By submitting this request, I am requesting that the district review the referral information above, and any additional information I attached. I understand that the district, its agents, and its employees are relying on the accuracy of the information that I have provided in this form, and any information attached thereto, to determine whether and to what extent my child will be provided with accommodations under Section 504.

\_\_\_\_\_  
 Parent(s)/Guardian(s) Signature

\_\_\_\_\_  
 Date Submitted

**DO NOT WRITE BELOW  
(FOR DISTRICT USE ONLY)**

Reviewed by: \_\_\_\_\_  
Name (Please Print) Title

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Class: \_\_\_\_\_

**The Parent/Guardian Request for Evaluation, Termination, or Modification is:**

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Referred for Further Review \_\_\_\_\_

Reason Request Approved or Denied:

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**Signature - Reviewer**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature - Section 504 Building Administrator**

\_\_\_\_\_  
**Date**

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Procedural Safeguards

Parents/Guardians may also use one or more of the procedural safeguard options, listed in Board policy, to resolve a dispute related to the identification or evaluation of a student as a qualified student with a disability, or the student's need for related aids, services, or accommodations.

