REQUEST FOR A 504 EVALUATION

Student _____ School _____

Requestor _____

_____ Parent _____ Teacher _____ Counselor _____ Administrator _____ Other

Nature of the Suspected Disability (Describe Disability and the Substantial Limitation)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Date _____

Signature: _____