

SECTION 504 EVALUATION REQUEST

(Be sure to keep a copy for your records)

(Date)

(Name of Superintendent or Section 504 Coordinator)

(Name of School System)

(Address)

Dear (Name of Superintendent Coordinator)

I am the parent of (name of student). I believe that s/he needs to be evaluated for services under Section 504 of the Rehabilitation of Act of 1973.

I believe my child needs this evaluation because (give reasons) (see examples below).

I understand that the school must conduct a Section 504 evaluation of the needs of children with disabilities and devise appropriate programs for them, even if they are not eligible for special education under IDEA.

Thank you for your help. I look forward to hearing from you within five school days of the date you receive this letter.

Sincerely,

(Parent's name
and address)

cc: (School Principal)

Examples:

1. Amy has an orthopedic impairment which limits her use of her hands. She needs accommodation in order to participate in a regular classroom.
2. Brian has been diagnosed as having ADHD. Because of this disability, he may need a specialized program.