

Request for 504 Services

Student Name: ID#
School: Counselor:
Parent / Guardian:
Phone 1: Phone 2:

If you feel that the student needs accommodations in his/her classes at Community High School District #117, the documentation supporting this view should be submitted with this request form to the Student Service Team (SST) through the student's counselor.

1. What is the student's perceived disability that is the basis for the requested accommodations?

- Visual
- Learning
- Hearing
- Physical
- Other (describe) _____

2. Documentation to support the need for the requested accommodation should:

- a. State the specific disability and when it was initially diagnosed.
- b. Be current (within the last three years).
- c. In cases of medical diagnoses, the documentation must be no more than one year old and should include the Doctor's treatment plan.
- d. Include the tests/techniques used to arrive at the diagnosis including the dates of evaluation, test results with subtest scores and observations.
- e. Establish the professional credentials of the evaluator including information about license or certification and area of specialization.
- f. Must describe how the impairment impacts daily functioning and how the accommodation requested addresses this need.

The Student Service Team (SST) will meet to review all of the documentation, including that submitted by you, and to determine whether or not the student's impairment SUBSTANTIALLY limits their learning, which is required to qualify for accommodations. The 504 conference summary form will be completed at the meeting.

Please complete and sign this form where indicated below. Then return it, with your documentation, to your student's counselor who will keep a copy and forward the original, after signing it below, to the SST. This will insure that the counselor remains informed.

You may address your mailings to the following addresses below:

Antioch Community High School, 1133 Main Street, Antioch, Illinois, 60002

Lakes Community High School, 1600 Eagle Way, Lake Villa, Illinois, 60046

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504 Accommodation: Parent/Guardian Report Form

The Student Service Team (SST) attempts to collect as much information about a student as possible. In order to help the SST better understand your concerns as a parent/guardian, please take a moment to answer the questions below and return it with the application.

Student:

Disability:

Date:

1. How do you as the parent/guardian see the documented disability affecting your child in the school setting?

2. How do you as the parent/guardian see the documented disability affecting your child at home?

3. What interventions / accommodations have already been attempted to help your child be more successful in school (I.E. - tutoring, level changes, counseling, etc.) ?

4. What are the biggest concerns you have for your child?

5. Is there any other information you feel would be relevant to the committee's decision making?

Parent Signature _____ Date

Counselor

Initials _____