

## Request for 504 Plan and Consent for 504 Evaluation

**Date:**

**Student Name:**

**ID #**

**Adviser:**

**Parent Name:**

**Address:**

**Phone (H):**

**Phone (W):**

A student may be eligible for accommodations under Section 504 of the Rehabilitation Act of 1973 if the student is suspected of having or is diagnosed with a physical or mental impairment which substantially limits one or more major life activities. A student may also be eligible if they have a record of having such impairment, or is regarded as having such impairment.

After a request for a 504 Plan is received, you and your student will be invited to attend a 504 eligibility meeting with the Graduating Class Team to determine whether or not the student has a substantial limitation on a major life activity, which is required to qualify for a 504 Plan. As part of this process, the GCT will conduct a 504 evaluation of your student, which will include a review of student records, review of parent-provided documentation, student feedback form, student interview, teacher feedback, and parent input.

### **I. Referral**

Please complete and sign this form where indicated below. Then return it, with any additional supporting documentation, to your student's adviser who will forward your request, after signing it below, to the Graduating Class Team (GCT). This process ensures that the adviser remains informed.

Does the student have a current medical diagnosis?     Yes     No

If yes, please identify the diagnosis here:

When were they initially diagnosed with the physical or mental impairment?

Is your student prescribed medication for their diagnosis/diagnoses and are they currently taking medication?     Yes     No

When did they begin taking medication(s)?

Have there been any changes in the medication(s)?

Describe the nature of the impairment and how it impacts the student in the school setting:

What interventions have already been attempted to help your child be more successful in school (i.e., tutoring, counseling, Guided Assistance Program)?

How do you as the parent/guardian see the physical or mental impairment affecting your student at home?

What are the biggest concerns you have for your student?

If you have any documentation which establishes your student's impairment, please attach it and submit it with this form. Reports from medical doctors, mental health professionals, and other diagnosticians should include the student's name, the date of testing, the results of testing, and a treatment plan. We will include this information as part of the parent input in the 504 process.

Is there any other information you feel would be relevant to the Graduating Class Team's decision making?

By signing this request for 504 accommodations form, I consent to allowing the District to conduct a 504 evaluation of my student.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Adviser's Signature

\_\_\_\_\_  
Date

You may send this request via email or hard copy to your student's adviser:

**For Winnetka:**  
(Adviser's Name)  
New Trier High School  
385 Winnetka Ave  
Winnetka, IL 60093

**For Northfield:**  
(Adviser's Name)  
New Trier High School  
7 Happ Rd  
Northfield, IL 60093