

Request for 504 Accommodations

Student Name:

ID #

Adviser:

Parent Name:

Address:

Phone (H):

Phone (W):

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 insures that the adviser remains informed. The GCT will then meet to review all the information you submitted, and the student records including current teacher comments. After the request is received you and your student will be invited to attend a 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.

I. Referral

A student may be eligible for accommodations under Section 504 of the Rehabilitation Act of 1973 if the student is suspected of having or 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. Please place a check next to the major life activity/activities which are substantially limited by the student's impairment:

- | | | | |
|---|------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Caring for self | <input type="checkbox"/> Speaking | <input type="checkbox"/> Standing | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Sleeping | <input type="checkbox"/> Eating | <input type="checkbox"/> Bending |
| <input type="checkbox"/> Communicating | <input type="checkbox"/> Lifting | <input type="checkbox"/> Thinking | <input type="checkbox"/> Performing Manual Tasks |
| <input type="checkbox"/> Concentrating | <input type="checkbox"/> Working | <input type="checkbox"/> Learning | <input type="checkbox"/> Seeing |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Breathing | | |
| <input type="checkbox"/> Major bodily function (i.e. immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions) | | | |
| <input type="checkbox"/> Other (describe) | | | |

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

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

Does the student have a current medical diagnosis? Yes No

If yes, please identify the diagnosis here:

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

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.

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 child'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