



REQUEST FOR 504 DETERMINATION
(FORM 504-3)

Student Name: _____ **Student Id #** _____

School: _____ **Grade:** _____ **Today's Date:** _____

Name of Person
Completing this Form: _____ **Relationship**
to Student: _____

1. What impairment(s) do you believe this student has? Please describe condition(s) and/or list information confirming the condition(s).

2. Using the accompanying graphic as a guide, describe your understanding of how the impairment(s) is/are impacting this student.

3. What accommodations may be needed to assist this student to access and/or benefit from their educational experience because of their substantial limitation(s)?

4. Please share any other information that you believe is relevant in determining if this student should be evaluated for eligibility under 504.

Substantial Impairment Determination

