



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. Please describe how you think this impairment is impacting this student.

3. What accommodations do you think are needed to assist this student in being able to benefit from his or her educational experience because of his/her impairment?

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

Please submit this form to your student's school counselor.