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T 412-258-2120
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Parent's/Guardian's Name

Address

Contact Information

Principal's Name

School Name

School Address

Request for Determination of Eligibility For §504 Plan

Date_____

Dear Principal _____,

I am writing to request a §504 Plan for my child_____, whose date of birth is _____. [If applicable: My child's language is _____. My language is _____. Accordingly, I request that: my child be evaluated in their native language and/or I receive interpretation and translation services.] My child is in the _____ grade and has been recognized by _____ as having the following diagnosed disability/disabilities _____, which I believe entitle my child to receive accommodations through a §504 Plan.

I have attached documentation of my child's disability or diagnosis(es) to this letter. Please include me in any discussions and decisions made by the §504 Team and school personnel who will be deciding whether my child is eligible and what supports and accommodations my child needs. I believe my child requires the following supports and accommodations:

Thank you for your time and consideration. I can be reached at _____ or
_____ should any questions arise.

Sincerely,

Name of Parent, Guardian or Education Decisionmaker

CC: Director of Special Education _____
Main Classroom Teacher _____