



PHILADELPHIA
1800 JFK Blvd., Suite 1900A
Philadelphia, PA 19103
T 215-238-6970
F 215-772-3125

PITTSBURGH
429 Fourth Ave., Suite 702
Pittsburgh, PA 15219
T 412-258-2120
F 412-535-8225

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 _____