

Guide to Completing Request for Determination of Eligibility for a Section 504 Plan

This is a guide to be used when completing the **Request for Determination of Eligibility for Section 504 Plan** form.

If you are assisting a caregiver to complete this form:

1. Explain that a Section 504 Plan can provide important accommodations in school that will support their child to learn and if helpful, you can assist them in completing the form.
2. Ask the questions requested in the form and fill in the areas with the caller's responses. Refer to the guide below for more support.
3. Once the form is complete, repeat the answers back to the caller.
4. Confirm the best way to share the completed document with the caller
5. Instruct the caller with what they should do with the document and explain that they should keep a copy for their own records.

If you are the caregiver completing this form:

1. Open this form on your phone, tablet, or computer.
2. Follow the instructions below on what information to enter for each line. You may print this document before or after entering information. If you have a PDF reader on your computer, you can type directly on the form.
3. Review the form to check for any missing or inaccurate information.
4. Print or save a copy of the completed form for your records.
5. Send the form to the school.

Completing the Form

Entries in the top left (6 lines)

- (Line 1) Enter the **parent or guardian's full name**.
- (Lines 2) Enter the parent or guardian's **address**.
- (Line 3) Enter the parent or guardian's **contact information** (this may include phone number(s), and email address(es)).
- (Line 4) Enter the **principal's name**. This can be found on letters or emails from the school or by searching for the student's school online.
- (Line 5) Enter the student's **school**.
- (Line 6) Enter the **school's address**.

Additional entries

- (Line 7) Enter the **date** you are completing this document.
- (Line 8) Enter the principal's **last name**.

- (Line 9, line 10, line 11) Enter the **student’s name**, **student’s date of birth** (mm/dd/yy), and **student’s grade**.
- (Line 12) Enter the **doctor, hospital, clinic, or healthcare center** where the student was diagnosed with a disability or multiple disabilities.
- (Line 13) **List the diagnoses** that affect the student’s daily activities (see below for examples).

Text box

- To provide examples of accommodations, consider what types of daily activities the student’s disability or disabilities affect. Activities include:

<input type="checkbox"/> Learning	<input type="checkbox"/> Hearing	<input type="checkbox"/> Performing manual tasks (opening items, writing)	<input type="checkbox"/> Thinking
<input type="checkbox"/> Speaking	<input type="checkbox"/> Walking	<input type="checkbox"/> Working	<input type="checkbox"/> Standing
<input type="checkbox"/> Seeing	<input type="checkbox"/> Breathing	<input type="checkbox"/> Caring for one’s self (grooming, hygiene)	<input type="checkbox"/> Lifting
<input type="checkbox"/> Concentrating	<input type="checkbox"/> Organizing	<input type="checkbox"/> Sleeping	<input type="checkbox"/> Eating
<input type="checkbox"/> Other			

- Once these activities are identified, review the list of accommodations (separated by disability types). Also consider recommendations from the student’s doctor or other health care providers working with the student.
- **Enter the accommodations** in the text box that parent or guardian believes are best to address the student’s educational needs.

Second Page

- (Line 1 & 2) Enter the **parent or guardian’s preferred modes of contact** (phone number(s) or email address(es))
- (Line 3) Enter the **parent’s name**
- (Line 4) Enter the **name and email address of the District’s Director of Special Education**. This can be found on a school district’s website. For the School District of Philadelphia, each school is assigned to a network that a Regional Special Education Director manages.
- (Line 5) Enter the **name and email address of the student’s main teacher**.