
Has this student already been evaluated for possible disabilities? Yes No

If yes, please explain and provide copies of the evaluations:

Has this student received special education services? Yes No

If yes, please explain:

Are you aware of any significant health or emotional traumas this student may have experienced? Yes No

If yes, please explain:

Please provide any additional information you have related to this student that would help the 504 Team determine what accommodations or related services may be necessary.

504 Coordinator's Name:

Date Received:
