

Section 504 Diagnosis

Student name: _____ Student #: _____ DOB: _____ Date: _____

Serving school: _____ Case Mgr: _____ Grade: _____ Age: _____

Dear Dr. _____

The student referenced above is being evaluated for eligibility for accommodations under the Rehabilitation Act of 1973. Assessment procedures established by the Kittitas School District• Special Education require a current medical statement that describes and confirms the student’s health circumstances and which provides any medical implications for educational planning.

A student is eligible as a disabled student under Section 504 if the student has a physical or mental impairment that substantially limits a major life activity. For a school age student, the ability to participate in or benefit from a district’s education program is a major life activity.

We would appreciate receiving the following information as soon as possible.

Date of initial diagnosis: _____

Diagnosis: _____

Is this student taking medication: Yes No
(If yes, please comment below)

Additional comments:

Thank you for your prompt attention and assistance.

Physician’s signature

Date

Print name

Please return this form to: