

## Pearl River School District

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Director of Special Services

## Required Documentation for Section 504 Accommodation Request

Medical Professionals: Please complete this form to assist the Section 504 Committee in determining eligibility for a Section 504 Accommodation Plan. In order to be eligible for a Section 504 Accommodation Plan, it must be determined that a student has a physical or mental impairment that substantially limits one or more major life activities. Please fill out this form in addition to any prescription or report you may submit on behalf of the student. Upon submitting this documentation, the 504 Committee may request your presence at a meeting for further information. Thank you.

Student Name:		
School:	DOB:	
Date:		
Diagnosis with ICD-10 code:		
Diagnosis with DSM-V/TR:		
List all assessments/evaluations used for the	he determination of the impairment:	
Identify the major life activity that is subst	antially limited:	
Please sign below:		
 Signature	Print Name	 Date
Professional License #	Address (office stamp is acceptable)	
Phone Number	City, State, Zip	