Pearl River School District

135 West Crooked Hill Road
Pearl River, New York 10965-2730

www.pearlriver.org
Phone: 845-620-3900 – Fax: 845-620-3927
simonij@pearlriver.org

Joseph Simoni
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 determination of the impairment:

_____

_____

_____

Identify the major life activity that is substantially limited:

_____

_____

Please sign below:

_____	_____	_____
Signature	Print Name	Date

_____	_____
Professional License #	Address (office stamp is acceptable)

_____	_____
Phone Number	City, State, Zip