

Catoosa County Public Schools
REQUEST FOR 504/ADA EVALUATION MEETING

Student: _____ Date of Birth: _____

School: _____ Grade: _____ Teacher: _____

Briefly describe the areas of concern for this student:

Briefly describe any attempts that have been tried to address these concerns:

List positive qualities and areas of strength of this student:

Please list and attach any supporting documentation or information (testing, reports, etc.):

Suspected Disability: _____

Signature of Person Completing Form

Name _____ Title _____ Date _____

Signature of Building 504 Coordinator Date Received _____

The above request is hereby withdrawn.

Signature of Person Completing Form

Name _____ Title _____ Date _____

Revised 10-2010