BERKELEY UNIFIED SCHOOL DISTRICT
Student Services Department

REQUEST FOR SECTION 504 EVALUATION and CONSENT

Pursuant to Section 504 of the Rehabilitation Act of 1973, the District has a duty to identify, refer, evaluate, and if eligible provide a free appropriate public education to disabled students. For additional information regarding Section 504, please contact your School's Section 504 Designee: _____ at (Ph) _____ or you may call the District's Student Services Department at (510) 644-6316.

Student ID:			Date:		
Last Name		First Name		Grade	
School					
Student's Primary Language			English Language Development Level		

Parent(s)/Guardian(s)					
Home Address	,				
Home Phone		Cell Phone		Work Phone	

What is the reason for the request? (Clarify Student's needs and area(s) of concern)

What major life activity is substantially limited? *(Check all that apply below.)*

☐ Learning	☐ Seeing	☐ Bending	☐ Brain function
☐ Reading	☐ Hearing	☐ Standing	☐ Reproductive function
☐ Concentrating	☐ Eating	☐ Performing manual tasks	☐ Circulatory function
☐ Working	☐ Speaking	☐ Bowel function	☐ Neurological function
☐ Thinking	☐ Breathing	☐ Bladder function	☐ Normal cell growth
☐ Communicating	☐ Sleeping	☐ Digestive function	☐ Functions of immune system
☐ Lifting	☐ Walking	☐ Endocrine function	☐ Respiratory function
		☐ Caring for one's self	☐ Other:

Are there current medical records, outside agency reports, prior school evaluations, etc., that would assist the team in evaluating the student? ☐ No ☐ Yes

Check all that apply:	Provide an explanation for each item as applicable:
☐ Prior Special Education Evaluation	
☐ Medical/Health Records	
☐ Grades/Standardized Test Scores	
☐ Language Surveys	
☐ Assessments/Data	
☐ Disciplinary Referrals	
☐ Outside Agency Reports	
☐ Other	

Who is the individual making the request?

Name		Relationship	

Additional information may be necessary to determine your child's needs and whether he/she may be eligible for protections, accommodations, or services under Section 504. Evaluation may include but is not limited to: reviewing existing school records, observations, prior testing, work samples, grades, standardized test scores, and other data. Please review the enclosed "Section 504 Parent Procedural Safeguards." If you consent to the evaluation, please check "I consent." If you do not consent to the evaluation, please check "I do not consent."

Check one of the following: ☐ I consent ☐ I do not consent	_____ Parent Signature Date

Return this form to the School Section 504 Designee. Attach any supporting documentation.

For Office Use Only	
Received by:	Date:

Form 1: Request for Section 504 Evaluation and Consent
Attachments: Section 504 Parent Procedural Safeguards
Section 504 Parent Input Form