

SECTION 504: REQUEST FOR HEARING

Student Name _____ School Attending _____

Address of where student resides _____

Name of person requesting a hearing _____ Relationship to Student _____

Contact Information of person requesting a hearing:

Address _____

Telephone # _____ Email (OPTIONAL) _____

Preferred method of communication Telephone Email

Which right do you feel was violated? Identification Evaluation Educational Placement

What was the decision or action that was taken that leads to your concerns. Include a description of what happened, when and where it happened, and who was involved. (Additional pages may be attached if necessary)

Explain the reason(s) for this request:

Describe what resolution to your concerns you would like to see:

Please attach any documents or other information you think will help with the investigation of your complaint. All timelines and processes will be stayed until the Request contains the necessary information noted above

Signature of Person Requesting Hearing

Date of Signature

Signature of Section 504 Coordinator

Date of Receipt of Request

Time and Place of Hearing (to be within 10 business days of Receipt)

Date of Hearing

After hearing evidence presented: Agree with Grievant

Agree with Recipient

Signature of Hearing Officer

Date of Decision