**Student Name:** Click here to enter text. **Date:** Click here to enter text.

**CONFIDENTIAL**

ATTN (General Education Teacher): Click here to enter text.

My name is Click here to enter text.

I am the 504 Chairperson at Click here to enter text.

**Please note that the above mentioned student is protected under Section 504.**

This student has a disability which substantially limits one or more major life activities

and requires an Individualized Accommodations Plan (IAP).

* + Attached is a copy of the student’s IAP.
    - If a student declines an accommodation, please document and inform the 504 Chairperson as soon as possible.
  + If applicable, a copy of the student’s Behavioral Intervention Plan (BIP).
    - This plan will address behavior and provide specific strategies for the student.

This student has a disability which substantially limits one or more major life activities

but does NOT require an IAP. This student is protected under Section 504.

* Disability: Click here to enter text.
* If you have any concerns and/or questions throughout the school year re: this student, please notify the 504 Chairperson immediately.

**Please return the bottom portion of this form to the 504 Chairperson to verify that you have reviewed the content.**

**\_\_\_\_\_\_Yes, I received (student’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IAP.**

**\_\_\_\_**I would like to speak further about the student’s IAP.

Teacher’s Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_