

DESOTO PARISH SCHOOL SYSTEM
Section 504 Teacher Verification Form

I am aware that the student's Section 504 Plan is located in JCampus as part of his/her record and I will review this student's Section 504 Plan. I understand that I am responsible for the implementation of this plan, **or** I must request an immediate review of this plan by the School Building Level Committee (SBLC).

Student Name: _____

Date of Birth: _____

Student ID #: _____

School: _____

504 Disability Area:	AD/HD Characteristics _____
(Please check)	Dyslexia Characteristics _____
	Other (Specify) _____

Teachers' Signatures:

Review Date:

