

## Royal School District No. 160

901 ALHERS ROAD + PO BOX 486 ROYAL CITY, WA + 99357

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WWW.ROYALSD.ORG

## **Section 504 Student Eligibility**

Name:			Date of Meeting:	
Da	te of Birth:	School:Grade:		
1.	Describe the nature of the concern:			
2.	What is the mental or ph	nysical impairment?		
	Describe how the impair nefit from the districts edu		ne student's ability to participate in or	
4.	Student is eligible under	Section 504?		
5.	If no, Team recommend	lations:		
• If	yes, recommended acco	emmodations/services:		
Par Nai	<u>rticipants</u> me	<u>Title</u>	<u>Date</u>	<u>!</u>

April 2016 F-3