

ASK Resource Center
5665 Greendale Road, Ste. D
Johnston, Iowa 50131



Phone: 515-243-1713
Fax: 515-243-1902
www.askresource.org

REQUEST FOR 504

[Parent name(s)]
[Address]

[Date]

Principal
[Address]

504 Coordinator
[Address]

Dear Educators and Administrators,

We are the parents of [student name], who attends [name of school]. [Student name] has recently been diagnosed with [disability], which impacts [his/her] educational performance and needs. [Student name] is making limited progress and as a result is experiencing increased frustration.

To address our concerns we are requesting that [student name] be considered for an accommodation plan pursuant to section 504 of the Rehabilitation Act.

Thank you in advance for your collaborative efforts to provide our [son/daughter] with an appropriate and quality education. We look forward to your response.

Sincerely,

[Parent name(s)]