



SURVEY TO IDENTIFY DISABLED STUDENTS

(FORM 504-2)

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While Seattle Public Schools endeavors to only post documents optimized for accessibility, due to the nature and complexity of some documents, an accessible version of the document may not be available. In these limited circumstances, the District will provide equally effective alternate access.

For questions and more information about this document, please contact the following:

The Section 504 Program Coordinator with the overall responsibility for monitoring, auditing, and ensuring compliance with these policies is Shanon Lewis, MS 31-681, P.O. Box 34165, Seattle, Washington 98124-1165; (206) 252-0885.



Seattle School District Survey to Identify Disabled Students

(Form 504-2)

The Seattle School District ("District"), as a recipient of Federal funds, is required by the U.S. Department of Education to comply with the Rehabilitation Act of 1973, commonly referred to as "Section 504." This Act's regulations provide that any student with an identified disability who needs help to benefit from their school experience must receive services, modifications, and/or accommodations in order to enjoy non-discriminatory access to programs and services and receive a free appropriate education ("FAPE").

This survey should be filled out if you think your child has a disability, has a life-threatening medical condition or if you have documentation that your child is disabled (**and is not currently eligible for Special Education services**) and needs assistance to benefit from his or her educational experience. A "disability" for the purposes of Section 504 is having a mental or physical impairment that substantially limits one or more major life activity. Please fill out separate surveys for each child suspected of having a disability and **return to the student's school**.

If you do not believe your child is disabled, you do not have to return this survey.

Student Name: _____ Birth Date: _____

School: _____ Student ID #: _____

1. What mental or physical impairment(s) do you believe your child has? Please describe the condition or list information confirming the condition.
2. Please describe how you think this mental or physical impairment is impacting your child?
3. What things do you think are needed to assist your child in being able to benefit from his or her educational experience because of mental or physical impairment?

Signature of Parent/Guardian: _____ Date: _____

The Seattle School District provides equal educational opportunity without regard to race, creed, color, national origin, sex, handicap/ disability, marital status, religion, or sexual orientation. The District also complies with all applicable state and Federal laws and regulations to include, but not limited to, Title VI of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, RCW 49.60 (the law against discrimination), RCW 28A.640 (sex equality), and American with Disabilities Act ("ADA"), all of which prohibit discrimination in all District programs, courses, activities (including extra-curricular activities), services, and access to facilities, etc. The Section 504 Program Coordinator with the overall responsibility for monitoring, auditing, and ensuring compliance with these policies is Shanon Lewis, MS 31-681, P.O. Box 34165, Seattle, Washington 98124-1165; (206) 252-0885.