

Tangipahoa Parish School System

Section 504 Student Accommodation Refusal

Student's Name: _____ Date: _____ Grade: _____

School: _____ I. D. #: _____

Teacher: _____ Principal: _____

The student and parent must sign this form if student chooses not to accept accommodations as specified on the Section 504 - Individual Accommodation Plan and Test Verification Form.

Student

I understand that my parent/guardian will be notified and must approve of my decision by signing this form. I select not to accept class and test accommodations as recommended by the Section 504/Student Assistance Team.

I, _____, will not accept the
(student's signature)
accommodations as specified on my Individual Accommodation Plan.

(date)

Parent/Guardian

The parent/guardian must sign acknowledging and approving the student's decision.

I am the parent/guardian of _____.
(student's name)

I approve of the student's decision not to accept accommodations as specified on his/her Section 504 Individual Accommodation Plan. I reserve the right to request a Section 504 Reassessment.

(parent/guardian signature)

(date)