

TANGIPAOA PARISH SCHOOL SYSTEM

SECTION 504 TEACHER VERIFICATION FORM

- 1. I have reviewed this student's **Individual Accommodation Plan**. I understand that I am responsible for the implementation of this plan.
- 2. I will adhere to the accommodations/modifications as stated on the student's **Individual Accommodation Plan**.
- 3. I will request **in writing** a meeting with the SAT committee if I suspect the accommodations/modifications as stated are inappropriate for the student's needs.

Student Name: _____

Date of Birth: _____

Social Security Number: _____
(Student Identification Number)

School: _____

504 Disability Area:
(Please check)

AD/HD Characteristics _____
Dyslexia Characteristics _____
Other (Specify) _____

Teacher(s) Signature(s):

Review Dates:

Individual Accommodation Plan Attached _____