TANGIPAHOA PARISH SCHOOL SYSTEM
SECTION 504 TRACKING FORM

_____ _____ _____
Last Name First Name MI

_____ _____
School Student ID

_____ _____ _____
Grade Race Sex

_____ _____
Referring Person (Relationship to Student (Teacher/Parent/Other)

Yes / No ADHD _____
ADHD: Date of Eligibility
Special Code – **AD1** – (**504 Qualified – Non Dyslexia**)

Yes / No Other _____
Other: Date of Eligibility
Special Code – **AD1** – (**504 Qualified – Non Dyslexia**)

Yes / No Dyslexia _____
Dyslexia: Date of Eligibility
Special Code – **AD2** – (**504 Qualified – Dyslexia**)

_____ _____
Accommodation Plan Date **Review Date**

_____ _____
Test Accommodation(s) **Case Closure Date**

_____
Signature of Section 504 Chairperson
cc: Sp. Ed. Tracking Folder, School Secretary, Section 504 Coordinator