

**LOUISIANA STATE DEPARTMENT OF EDUCATION
SECTION 504 DISTRICT DATA VALIDATION FORM for K-12
Students with Disabilities (Section 504 Eligible)**

Instructions: This form must be completed and submitted to SDE before providing accommodations to Section 504 students for statewide assessment. It must accompany the original SDE Test Verification Forms for Students with Disabilities (Section 504 Eligible). Information obtained from this form will be used to gather statistical data for research-based initiatives, data validation of students receiving accommodations for statewide assessment during LEAP, and training and/or technical assistance purposes.

School District:_____ **School:**_____ **School code:**_____ **Principal:**_____

SBLC/504 Facilitator:_____ **District Section 504 Coordinator:**_____ **Date:**_____

Total # of Students Receiving Test Accommodations in School:_____ **Total # of 504 Students on Site:**_____

Names must be listed alphabetically of students identified under Section 504

Student's Name	Student I.D. #	Grade	Qualifying Disability	LEAP Assessment	Accommodations Needed for Assessment

School District: _____ School: _____

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