REQUEST FOR SPECIAL EDUCATION SECTION 504 TEACHER UNIT ALLOCATION 2023-2024		
Initial Request – Date:		
Final Reimbursement Request – Date: (The final Reimbursement Request must include all required documentation)		
Program/District Name	Program/District Code:	Number of Section 504 Teacher Units Requested
 STATEMENT OF ASSURANCES I hereby certify that the students with disabilities counted on the attached Section 504 Teacher Unit Allocation Worksheets meet the following criteria: Children counted for the allocation and approval of a teacher(s) unit must meet the following: Documented birth date verifying age of five (5) through twenty-one (21) years, Indication of being a resident citizen of the state of Mississippi Cannot have their educational needs met in the regular public-school programs, Have not finished or graduated from high school, Determined by competent medical authorities and psychologists to need placement in a state licensed facility as designated below, Cannot be counted in average daily attendance when determining the regular teacher unit allocation, and Are not eligible for special education as defined under Part B of the Individuals with Disabilities Education Act (IDEA) and in state regulations 		
Program Director Name (Print) Email Address		Email Address
Program Director Signature		Telephone Number
THIS SECTION FOR MDE USE ONLY		
Date Submitted	Number of Section 504 Teacher Units Requested	Number of Section 504 Teacher Units Approved
To Be Completed by MDE Staff:		
Reviewed By:		Date:
Approved By:		Date:

FORM 1