

SECTION 504 TEACHER UNIT CERTIFICATION REQUEST

STUDENT LISTING

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| **REQUIRED SUBMISSION** | **DIRECTIONS** | **THE DOCUMENTATION BELOW MUST BE KEPT ON FILE AND MADE AVAILABLE TO THE MDE UPON REQUEST.** |
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| Legal name of the student | Provide the name of each student who is eligible under Section 504 and is placed in a state licensed facility (additional cells may be added). | * Copy of the student’s birth certificate * Copy of the student’s current, active 504 Accommodation Plan * Eligibility Documentation (report, admission form, diagnosis, etc.) by competent medical authority or psychologist for student to need placement in a state licensed facility. |
| Student’s ID Number | Provide the MSIS or other student ID number |
| Date of Birth | Provide the date of birth for the student. |
| Current grade | Provide the grade of current enrollment for the student. |
| Date of 504 Plan | Provide the date of the student’s current 504 Accommodation Plan |
| Teacher of Record | Provide the name of the teacher serving the student. |



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**STUDENT LISTING**

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| **Name of State Licensed Facility:** |  | | | **Facility Code:** |  |
| **# of Units Requested:** |  | **School Year:** |  | **Date of Request:** |  | |
| **Program Director Name:** |  | | | | |
| **Program Director Signature:** |  | | | | |
| **Assurance:** | *This signature assures that the information contained herein is true and accurate. Evidence to verify the validity of this information must be made available to the MDE upon request.* | | | | |

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| **Name of Student** | **Student ID Number** | **Date of Birth** | **Current Grade** | **Date of 504 Plan** | **Teacher of Record** |
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