



HUNTERDON CENTRAL REGIONAL HIGH SCHOOL

SUPPORTING DOCUMENTATION FOR 504 PLAN REQUEST

Doctor/Professional Name _____

Address _____

Phone _____

Please include the following in your report/request for 504 Plan:

1. Specific diagnosis of disability.
2. Date of evaluation.
3. Educational, developmental, and relevant medical history.
4. List of administered tests with all scores, including subtest scores.
5. Description of the functional limitations resulting from the disability.
6. Recommendation for specific accommodations requested.
7. Explanation of how test results support the need for requested accommodations.
8. Examiners professional credentials cited and appropriate for the disability being diagnosed.