



## LAWRENCE TOWNSHIP PUBLIC SCHOOLS

Lawrenceville, New Jersey 08648

### **Supporting Documentation for 504 Plan Request**

Doctor/Professional Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Regarding Student: \_\_\_\_\_

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Please include the following in your report/request for a 504 plan.

1. Specific Diagnosis of Disability
2. Date of Evaluation
3. Educational, developmental, and related medical history
4. List of all administered tests and 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