

Section 504 Student Accommodation Refusal Form

Student's Name: _____ Date: _____ Grade: _____

School: _____ Teacher: _____

The **student and parent** must sign this form if the student chooses **not** to accept accommodations as specified on the Section 504 – Individual Accommodation Plan.

Student

I understand that my parent/guardian will be notified and must approve of my decision by signing this form. I select not to accept class and test accommodations as recommended by the Section 504 Committee.

I, _____, (student's name)
will not accept the accommodations as specified on my Individual Accommodation Plan.

Signature of Student

Date

Parent/Guardian

The parent/guardian must sign acknowledging and approving the student's decision.

I am the parent/guardian of _____ (student's name).
I approve of the student's decision not to accept accommodations as specified on his/her Section 504 Individual Accommodation Plan. I reserve the right to request a review of my child's Section 504 Individual Accommodation Plan.

Signature of Parent/Guardian

Date