

**The School Board of Broward County, Florida
Section 504/ADA Confidential Accommodation Form
for Adults with Disabilities in
Career, Technical and Adult/Community Education Programs**

NAME: _____ **DATE OF BIRTH:** _____ **DATE:** _____

STUDENT ID#: _____ **SCHOOL:** _____

1. Does the student have a physical or mental impairment which substantially limits a major life activity? Yes No
If YES, describe the limitation(s):

2. Is written verification of the disability on file? Yes No
If YES to questions 1 and 2, student meets Section 504/AD4 eligibility criteria.

3. Does the student's disability require any instructional accommodations, and/or related aids and services in order for the student to benefit from his/her educational program? Yes No

The student's specific **NEEDS** are indicated below:

The following **STRATEGIES** will be implemented in order to meet the student's needs:

COMMENTS:

SIGNATURE OF PARTICIPANTS:

Student

Teacher (if available)

LEA Representative

Parent/Guardian
(if the student is under 18 or adjudicated incompetent)

The intent of Section 504/ADA is to guarantee all qualified students with disabilities access to programs, services, and activities.

