



Pearl River School District

Office of Special Services
135 W. Crooked Hill Rd.
Pearl River, NY 10965
(845)620-3939 Fax: (845)620-0404

Carolyn M. Moffa
Director of Special Services

Date: _____

Re: _____

Dear Dr. _____

In order to assist the _____ 504 Committee in determining the eligibility for a 504 accommodation plan (A person is eligible for a 504 Accommodation Plan if they are determined to have a physical or mental impairment that substantially limits one or more major life activities). Please complete the following information:

1. DIAGNOSIS:

ICD - 10: _____

or

DSM - IVTR: _____

2. List the assessment/evaluations used for the determination of the disability.

3. Identify the major life activity that is substantially limited

Signature

Date

Print Name

Profession & License #

Address

Phone Number

City, State, Zip