



# 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 - V: \_\_\_\_\_

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