

# Verona Public Schools

## REASONABLE ACCOMMODATION REQUEST FORM FOR STUDENT'S PHYSICIAN

Student Name:	Grade:
School:	Counselor:

***\*All documentation must be completed in order for the District's Physician to review the request. This documentation is needed in order to establish a 504 Plan or receive Home Instruction. Additionally, any "Accommodation Request Form" completed without a doctor's note will not be reviewed by the district's physician .***

***Thank you in advance for your cooperation.***

### **A. Questions to clarify accommodation requested.**

What specific accommodation are you requesting?

If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore?      Yes       No

If yes, please explain.

Is your accommodation request time sensitive?      Yes       No

If yes, please explain.

### **B. Questions to document the reason for accommodation request.**

What limitation is interfering with student's ability to perform in the classroom or access the curriculum?

What, if any, school function will the student have difficulty performing?

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Has the student had any accommodations in the past for this same limitation? Yes  No

If yes, what were they and how effective were they?

If you are requesting a specific accommodation, how will that accommodation assist the student?

### C. Other.

Please provide any additional information that might be useful in processing your accommodation request:

\_\_\_\_\_  
Student's Physician Signature

\_\_\_\_\_  
Date

Please return this form to your student's guidance counselor or principal.

**THIS FORM MUST BE ACCOMPANIED WITH A DOCTOR'S NOTE**

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### *RELEASE OF INFORMATION*

#### **VERONA PUBLIC SCHOOLS**

*121 Fairview Avenue*

*Verona, New Jersey 07044*

*Phone: 973-571-2029, Ext. 7512*

*Fax: 973-571-6777*

I, \_\_\_\_\_ *PARENT (OR GUARDIAN) OF*

\_\_\_\_\_ *HEREBY GIVE MY CONSENT TO THE VERONA*

*PUBLIC SCHOOLS TO SEND/RECEIVE INFORMATION FOR THE ABOVE NAMED CHILD TO/FROM:*

District's Physician: Dr. Cirello, Vanguard Medical Group, 271 Grove Ave Ste A ,Verona, NJ 07044

AND

Student's Physician: \_\_\_\_\_

*SIGNED* \_\_\_\_\_

*DATE* \_\_\_\_\_