

PITTSBURG UNIFIED SCHOOL DISTRICT

2000 Railroad Avenue · Pittsburg, California 94565

School _____ Date of Meeting _____

504 Recommendation

Student _____ Grade _____ Birthdate _____

Parent Guardian _____ Primary Language _____

Eligibility Statement: _____

Area(s) of Need:	Accommodations & Modifications for equal access: Adjustments or support that the student needs in order to access programs on an equal basis	Person(s) Responsible:

504 Team Members. (Include names and titles. No Signatures required)

_____/_____ Name Position	_____/_____ Name Position	_____/_____ Name Position
_____/_____ Name Position	_____/_____ Name Position	_____/_____ Name Position

Parent/Guardian

Send copy to Student Services ASAP