



# Section 504 Review Form

Special Education and Student Services

FCPS Regulation: 400-66

Frederick County Public Schools

191 South East Street

Frederick, Maryland 21701

Form 069-F20

Regulation 400-66

January 2025

Clear Form

**INSTRUCTIONS:** (To be completed by parent/guardian/eligible student) Submission of this form is required to initiate the Section 504 Review to address disagreements with decisions made in the Section 504 process including: (1) any decision of the 504 team regarding the identification, evaluation, or educational placement of the student; (2) belief that the Section 504 Plan has not been implemented; or (3) if the student has been subject to discrimination due to the student's disability. This process is entirely voluntary. A request for a hearing before the Superintendent or an impartial hearing officer may be filed in place of, during, or after the administrative review. Please refer to the [FCPS Section 504 Parental Rights Booklet](#) for the process. Return the completed application via US Mail to: Frederick County Public Schools (FCPS), Attention Section 504 Coordinator, 191 S East Street, Frederick, MD 21701 or email to [FCPSSection504@fcps.org](mailto:FCPSSection504@fcps.org). If you have any questions about the completion of this form, please call the Department of Special Education: (240)586-8684.

## PART A: COMPLETE ALL BLANKS IN THIS SECTION

Student Name:		Date of Birth:	
Current School:		School Year: ____ - ____	
Last School:		School Year: ____ - ____	
Parent/Guardian Name:			
Address:			
Home Phone:	Work Phone:	Cell Phone:	
Email Address:		Best Time to Reach you:	
Communication Preference:	<input type="checkbox"/> Email	<input type="checkbox"/> Telephone	<input type="checkbox"/> U.S. Mail

**PART B:** Explain your disagreement(s) with FCPS including: any decision of the 504 team regarding the identification, evaluation, or educational placement of the student; your belief that the Section 504 Plan has not been implemented; or the discrimination the student has been subject to due to the student's disability for the student for which you have requested an informal review. Use an additional sheet if necessary. The informal review meeting will be scheduled within 15 business days of receipt of the completed request. A written informal review response will be issued within 15 business days of the informal review meeting.

[Type here]

**PART B: Additional Space for Explanation**

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Do you require accommodations for participation in the informal review?  Yes  No

If yes, please explain: 

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**PART C:** Enclose any documents not already in the student's records that support your request.

**PART D:** I/we understand that anytime during, or after, the review process, an impartial hearing can be requested.

Signature:	Date:
Signature:	Date:

**PART E: For FCPS use ONLY**

Case No:	Date Form Rec'd:	15 days:	30 Days:
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