Los Angeles Unified School District PARENT REQUEST FOR REASONABLE ACCOMMODATIONS

SCHOOL STAFF:

This form is to be given to every parent of a student with disabilities upon student enrollment or when a student is initially referred for special education assessment to request reasonable accommodations for the parent in the process of development or revision of the student's Individualized Education Program (IEP). The pink service copy of this form should be filed and maintained in the student's special education folder at the time the white copy is sent home to the parent for signature. The white copy of this form should be filed and maintained in the student's special education folder at the time it is returned to the school with the parent's request and signature.

DATE FORM PROVIDED TO PARE	NT SCHOOL	
	LOCAL DI	STRICT
PLEASE SIGN AND RETURN 1	THIS FORM TO THE SCHOOL SITE AD	MINISTRATOR AS SOON AS POSSIBLE
parents are able to participate in mo child's Individualized Education Pro	eetings and/or understand written docur	with disabilities in order to ensure that the nents in the development or revision of thei tions may include the use of an interpreter need for audiotapes, etc.
☐ Yes, I am requesting t	he following accommodations at this	time:
□ No, I am not requestin	g accommodations.	
Parent/Guardian Signature	Prin	it Name
Child's Name	Date	of Birth
Address	City	State Zip
Home Phone	Work Phone	Date
Direct questions to the following	school personnel: (To be completed by sch	hool staff prior to providing this notice to parent)
Contact Person	School/Office	Phone
Address	City	State Zip
FOR OFFICE USE ONLY		
Pink/Service Copy filed in student's special	education folder on/ by	
Pink copy replaced by White/Student File c	opy on/and filed in student's spe	ecial education folder by