

**Student Services Department
Accommodation Intake Form**

Student Name: _____ Graduation Year: _____

Release of Information

This form grants permission to the St. Laurence High School Student Services Department to release information regarding the testing and recommendations offered through the incoming student's IEP/504/ISP/ICEP plan. This information will be shared with the student's teachers, school nurse, and any other professionals involved with his/her educational development.

____ Initial to agree with "Release of Information"

Special Education Programming

St. Laurence High School does not have a Special Education Program, including social work minutes or employ special education aides. The school will provide all reasonable accommodations within the service plan or 504.

____ Initial to agree with "Special Education Programming"

Special Education Testing

St. Laurence High School does not administer diagnostic or psychological testing or evaluation. Any need for updated testing or new testing is conducted through Reavis High School and should be scheduled through the Resource Department at St Laurence High School, not directly with Reavis High School.

____ Initial to agree with "Special Education Testing"

Conversion of Paperwork

Please choose one of the following options:

____ I choose to create a St. Laurence Service Plan which is valid throughout the four years of my student's academic career. The service plan can be revisited or amended at a parent, student or teacher's request but *an annual meeting will not be held unless requested by the parent, student or educational team.*

____ I choose to convert my student's paperwork to a Section 504 Accommodation Plan, which is protected by the Americans with Disabilities Act. An annual review will be held and must be attended by a parent and the student.



St. Laurence
HIGH SCHOOL

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By signing this form, you indicate that you understand and agree to all above terms and policies of the St. Laurence High School Student Services Department. This form is valid throughout the student's career at St. Laurence High School.

Student Name: _____

Student Signature: _____

Parent Name: _____

Parent Signature: _____

Date: _____