



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). A copy of this form should be filed and maintained in the student's special education folder at the time the form is sent home to the parent for signature. Upon return of the signed parent form, the form with original signature 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. A copy should be provided to the parent and a copy uploaded to Welligent.

DATE FORM PROVIDED TO PARENT ____/____/____ SCHOOL _____

LOC CODE _____

SIGNED AND RETURNED FORM FROM PARENT RECEIVED BY SCHOOL ON ____/____/____.

SIGNED COPY PROVIDED TO PARENT ON ____/____/____.

SIGNED ORIGINAL FILED AND UPLOADED TO WELLIGENT ON ____/____/____.

PLEASE SIGN AND RETURN THIS FORM TO THE SCHOOL SITE ADMINISTRATOR AS SOON AS POSSIBLE

Reasonable accommodations can be requested by parents of students with disabilities in order to ensure that the parents are able to participate in meetings and/or understand written documents in the development or revision of their child's Individualized Education Program (IEP). Examples of accommodations may include the use of an interpreter, request for written translation, mobility assistance, request for Braille copies, need for audiotapes, etc.

_____ Yes, I am requesting the following accommodations at this time:

_____ No, I am not requesting accommodations.

Parent/Guardian Signature _____ Print Name _____

Child's Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

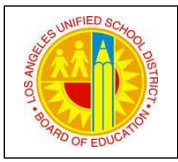
Home Phone _____ Work Phone _____ Date _____

Direct questions to the following school personnel: (To be completed by school staff prior to providing this notice to parent)

Contact Person _____ School/Office _____

Phone _____

Address _____ City _____ State _____ Zip _____



Districto Escolar Unificado de Los Angeles
SOLICITUD POR PARTE DE LOS PADRES PARA OBTENER
ADAPTACIONES RAZONABLES

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FAVOR DE FIRMAR Y DEVOLVER ESTE FORMULARIO AL ADMINISTRADOR DEL PLANTEL LO ANTES POSIBLE

Los padres de los alumnos con discapacidades pueden solicitar adaptaciones razonables para garantizar su posibilidad de participar en las reuniones o de entender documentos escritos durante la elaboración o la modificación del Programa de Educación Individualizado (IEP, por sus siglas en inglés) de su hijo(a). Las adaptaciones podrían incluir el uso de un intérprete, la solicitud de una traducción escrita, de ayuda con la movilidad, de copias en Braille, la necesidad de cintas de audio, etc.

_____ Sí, solicito las siguientes adaptaciones en este momento:

_____ No, no solicito adaptaciones.

Firma del padres _____ Nombre y apellido
la madre o del tutor _____ en letras de molde _____

Nombre y apellido _____ Fecha de nacimiento _____
del (de la) hijo(a) _____

Dirección _____ Ciudad _____ Estado _____ Codigo postal _____

Teléfono (hogar) _____ Teléfono (trabajo) _____ Fecha _____

Hágale preguntas al siguiente personal escolar: (To be completed by school staff prior to providing this notice to parent)

Persona con quien _____
comunicarse _____ Escuela/oficina _____

Teléfono _____

Dirección _____ Ciudad _____ Estado _____ Codigo postal _____