



United States Department of the Interior
BUREAU OF INDIAN EDUCATION

Many Farms High School
P.O. Box 307
Many Farms, Arizona 86538-0307
Phone: 928-781-6226/6227
Fax: 928-781-6355



DATE: _____

ADMINISTRATOR OR DESIGNEE: School Administrator/s

SCHOOL: Many Farms High School

ATTENDING (NAME/TITLE): Teachers and Support Staff

STUDENT: _____

PARENT(S)/GUARDIAN: _____

PRIMARY LANGUAGE: English/Navajo

GRADE: ____

BIRTHDATE: _____

1. Describe the nature of the concern (impairment or disability):
2. Describe the basis for the determination of the disability (who diagnosed):
3. Describe how the disability affects a major life activity (i.e. what do you observe at the school site or in the classroom):
4. Describe how the disability affects access to learning:
5. Describe the appropriate accommodations that are necessary:
Other:

WE AGREE THAT THIS STUDENT QUALIFIES UNDER SECTION 504 AND WILL IMPLEMENT THE PLAN ABOVE.

Student's Signature: _____

Parent's Signature: _____

School Counselor's Signature: _____

School Nurse's Signature: _____

Principal/Administrator's Signature: _____

Other: _____