

TO THE SUBSTITUTE FOR: _____

ON (date): _____

You have students who need special accommodations in this room.

Please read the attached/enclosed documents, which could include any of the following:

- ******documentation found in the substitute folder******
- Special Education IEP “at a glance” forms for necessary student accommodations
- 504 student modifications sheets
- nurse / medical needs / requirements

Substitute teacher must sign at the bottom of this page.

If you have any questions, please contact the Principal, Assistant Principal, Special Education Teachers, 504 Coordinator. or school nurse.

The following students will need accommodations / modifications:

****Signature of receipt:** _____

****Additional students may be listed on the back.**

Please turn this paper over...

If you have any questions, please contact the Principal, Assistant Principal, Special Education Teachers, 504 Coordinator. or school nurse.

The following students will need accommodations / modifications:

