



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
DEPARTMENT OF ADULT AND COMMUNITY EDUCATION

Accommodations Conference Request

Complete the information below if you need to speak to someone about your need for accommodations in the classroom or for test taking purposes.

Student Number	First Name	M.I.	Last Name	Date of Birth
Gender	Program	School		Today's Date

Briefly describe the reason you are requesting a meeting:

Have you previously received ESE services? Yes No

If yes, at which school? _____

Student's Phone Number(s):	
Work: () - - ext.	Best Time to call: _____
Home: () - -	Best Time to call: _____
Cell: () - -	Best Time to call: _____
Student's Email Address: _____	

Name of School Personnel: _____ Phone Number: () - -

School Personnel's Email Address: _____