

# ACKNOWLEDGEMENT OF DYSLEXIA RECORDS

I have received the following:

\_\_\_\_\_ Dyslexia Accommodation Plan

\_\_\_\_\_ Section 504 Accommodation Plan

Student Name: \_\_\_\_\_

School Year: \_\_\_\_\_

1. I understand the contents of the records.
2. I understand that I must implement the required accommodations.
3. I understand that I may contact the campus Dyslexia Coordinator for clarification regarding the records.

Teacher's Name: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_

Date Received: \_\_\_\_\_