

Section 504 Resolution Agreement Training Report

Name of LEA: _____

LEA's Contact Person for Section 504: _____

In accordance with the Section 504 Resolution Agreement, key administrators and critical staff involved in the oversight for or identification, evaluation, and placement of students under Section 504 and Title II of the Americans with Disabilities Act (ADA) participated in training regarding the regulatory requirements of Section 504 and the ADA. The training was:

Conducted By: _____

On: _____ [date].

The following individuals participated in the training (please attach additional names if necessary):

Name	Position / Job Title

I hereby certify that the above-listed individuals participated in the training as described above.

Signature: _____
[by the LEA superintendent or authorized designee]

Please submit by June 20, 2012 via email or U.S. mail to:

U.S. Department of Education
Office for Civil Rights
ATTN: Vicki Lewis
61 Forsyth Street S.W. Suite 19T10
Atlanta, GA 30303
vicki.lewis@ed.gov

AND

Georgia Department of Education
Office of Legal Services
2052 Twin Towers East
205 Jesse Hill Jr. Drive
Atlanta, GA 30334
legal.services@doe.k12.ga.us