

SEATTLE SCHOOL DISTRICT
CENTRAL INTERVENTION TEAM RESPONSE
(FORM 504-14)



The Central Intervention Team ("CIT") has reviewed your request for assistance for _____. After reviewing all relevant documentation available to the CIT, it has been determined that your request is:

Approved. Please contact Carole Rusimovic, Student 504 Program Coordinator, (206) 252-0118.

Accommodation: _____

Cost: _____

Expiration Date: _____

Pending. An additional 10 days is needed for the following reason(s):

Additional Information is needed from the SIT team (see below)

Additional Information is being gathered by the CIT (see below)

Denied (see below for further explanation).

The CIT disagrees with the SIT's decision so additional consultation is needed.

The student is qualified for special education and this request has been forwarded to the Special Education department.

Other (see below).

EXPLANATION AND NEXT STEPS:

Name and Title

Name and Title

Name and Title

Name and Title

Name and Title

Name and Title

Name and Title

Name and Title