Section 504 Clinician Statement Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · August 2026

A Section 504 clinician statement is a letter from a treating clinician describing a student's health condition, its functional impact on learning, and accommodation suggestions for the school's Section 504 team. The team weighs it as one source of evidence. Most run 300 to 600 words, about one page.

One source, not the decision: under 34 CFR 104.35 the school draws on multiple sources and a knowledgeable group decides eligibility and services; your letter is evidence the group must consider, never a deciding order. No federal rule prescribes the letter's format, requires a diagnosis, or makes your recommendations binding. Once the school files it, it becomes a FERPA education record parents can read.

Addressee, student, and purpose say what process this serves
Do: date it, address the 504 coordinator or team, identify the student with a second identifier, and state the purpose: a 504 evaluation or plan review, at the family's request.
Pitfall: an implicit purpose reads as a fitness certification or risk clearance, questions you were not asked.

Clinician and treating relationship treating opinion, not an evaluation
Do: give name, credentials, license and state, practice contact; how long treating, session frequency, date last seen.
Pitfall: no relationship or recency stated; the team cannot tell how current or well-founded the opinion is.

Condition and functional limitations function does the work
Do: name the condition if authorized and useful, then the concrete limits: task initiation, processing under time pressure, staying in class.
Pitfall: "has anxiety, please accommodate"; a diagnosis alone ordinarily does not identify what the student needs.

Impact on major life activities the 504-specific nexus
Do: tie the limits to concentrating, thinking, reading, sleeping, attendance, participation; note episodic flares.
Pitfall: symptoms without the nexus leave the team to build the legal bridge alone.

Sources, basis, and limits attribute every claim
Do: separate your observations, dated scale scores, parent report, school input; state what you have not done (no school observation, no testing).
Pitfall: secondhand school facts in your clinical voice; one caught unattributed claim discounts the letter.

Accommodation suggestions tied to function suggest, never prescribe
Do: pair each suggestion with the barrier it answers; frame all of them as clinical suggestions for the team.
Pitfall: "the school must provide 100% extended time"; under 34 CFR 104.35 the knowledgeable group decides.

Consent, signature, and date the lawful close
Do: reference the signed release naming this school and purpose; sign with credentials and date.
Pitfall: attaching psychotherapy notes; they carry heightened protection, and a purpose-limited summary persuades more.

Before you sign

- ☐ Purpose names the process, requester, and consent
- ☐ Treating relationship and last-seen date stated
- ☐ Functional limitations concrete and school-relevant
- ☐ Major life activities named; episodic pattern noted
- ☐ Every source attributed; limits of knowledge stated
- ☐ Each suggestion tied to a barrier, framed as clinical
- ☐ Release covers this school; signed with credentials

Drafting with AI

Capture a few bullets: the condition, what you observe in session, what parents report about school, the barriers, your suggestions.

"Draft a Section 504 clinician statement from these bullets, 14-year-old in weekly CBT for anxiety, supporting the school's 504 evaluation, release on file: …"

Never paste child-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.

300 to 600 words	20 to 30 min by hand	Evaluation or plan review	504 team · parents · record
typical length	clinical team estimate	when it's written	who reads it

Full guide and sample letter:
bastiongpt.com/template/section-504-statement

Section 504 Clinician Statement Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements.

Date: Purpose: ☐ initial 504 evaluation ☐ plan review

To (Section 504 coordinator / team, school):

Student (initials): DOB: Grade:

Clinician and treating relationship

A treating opinion, not an independent evaluation; the team needs authorship and recency

Name / credentials / license no. and state:

Practice contact:

Treating since: Frequency: Last seen:

Condition and functional limitations

Diagnosis optional under federal 504 law; then the concrete limits: task initiation, processing under time pressure, staying in class

Impact on major life activities

Concentrating, thinking, reading, sleeping, attendance, class participation; note any episodic pattern

Basis of opinion and limits

State what you have not done: no school observation, no cognitive or academic testing

Based on: ☐ sessions ☐ rating scales (dated) ☐ parent report ☐ school input ☐ records

Accommodation suggestions, each tied to a stated barrier

Name the barrier each suggestion answers; the school's knowledgeable group decides which supports fit

Consent: release signed (date): By (guardian): Scope:

Clinician signature / credentials: Date signed:

Supervisor co-signature (if required):

Full guide and sample letter:
bastiongpt.com/template/section-504-statement