

SECTION 504 REFERRAL FORM

THIS REFERRAL MUST BE GIVEN TO THE PRINCIPAL UPON COMPLETION

This referral is being made by: parent/legal guardian, teacher, principal, other (circle one)

I. STUDENT'S PERSONAL INFORMATION

ID/SS#: _____

Student: _____ Date of Birth: _____

Parent/Guardian: _____ Phone(s): _____

Address: _____ School: _____

Teacher: _____ Grade: _____

Referred by: _____ Referral Date: _____

II. BACKGROUND INFORMATION:

A. Reason for Referral:

B. Indicate which major life activity(s) appears to be limited:

- caring for self eating seeing hearing
- sleeping breathing standing speaking
- communicating concentrating perform manual tasks walking
- lifting bending learning reading
- immune system function respiratory function normal cell growth thinking
- digestive function bladder function neurological function working
- circulatory function reproductive function endocrine function brain function
- other (please describe _____)

C. Indicate specifically how the major life activity(s) is being limited.

D. Indicate how significant the major life activity(s) is being limited:

- Mildly Moderately Substantially

E. Strategies/interventions to date (attach copies of documentation):

F. List all medications or devices that are currently being used by the student.

G. Attach any additional information (i.e. previous evaluations, medical reports, state/district-wide tests)

- By signing below, I acknowledge receipt of a copy of this referral and a copy of the Notice of Parent/Guardian/Student Rights
- I further understand that, as parent or guardian, my signature also acts as my written consent to initiate a full Section 504 evaluation.

*Parent (or person making referral)

Date

THIS REFERRAL MUST BE:

- Provided to the principal
- Signed by the principal
- Copied and provided to the parent
- Copied and provided to the Section 504 Compliance Officer and Executive Director, Intervention Svcs.
- Placed in the student's permanent educational file

*Signature of Principal

Date of referral receipt

If the school team finds it necessary to obtain relevant information regarding the student from outside providers, please complete a Authorization to Release/Share Confidential Information (FORM G) and secure parent/legal guardian signature.