



Section 504 Referral

Student Name _____ ID # _____ DOB ___/___/___ Grade _____

School _____ 504 School Rep _____

Referral Source: _____ Parent _____ School Staff _____ Intervention Team _____ IEP Team

Date of Referral ___/___/___ Date Referral Received by School 504 Rep ___/___/___

1. Please state the nature of your concern(s) for the student and support observations:

a. Academic concern(s):

b. Behavioral concern(s):

2. Please describe any interventions that have been tried at home or at school.

3. Please indicate if there is a reason to believe the student has a mental or physical impairment. Please include any explanation or medial documentation.

4. Describe any Major Life Activity/Major Bodily Function impeded by a mental or physical impairment.

Signature of Person Making Referral

Title

____/____/____
Date of Referral

For School Use Only

Action Taken:

_____ Notice sent to parent(s)/legal guardian(s) to conduct a 504 evaluation on ____/____/____
Date

_____ School 504 Coordinator (principal/designee) and District 504 Compliance Officer Douglas Finch determined it is not appropriate to conduct a 504 evaluation at this time. Parent has been notified of the decision and given a copy of the Section 504 Parent & Student Rights and Safeguards.

Original: 504 Folder