

Section 504 Referral Form

Student Name _____ DOB _____

Referring Individual Name _____

Relationship to Student _____

Describe the nature of the student's disability. _____

Documentation of the student's disability is attached.

How does the student's disability exclude or substantially limited his/her participation in programs or activities of the school? _____

What accommodations do you suggest?

Referring Individual Comments:

Please contact me to discuss this referral at: _____

Referring Individual Signature

Date

For Student Services Use Only

Referral received by 504 Coordinator

Referral and function of the 504 Team discussed with parent. (timelines, process etc.)

Date Prior Written Notice/Parent Permission provided

Date Parent Permission received

Data collected from teachers

Date of 504 Determination of Eligibility Meeting

Parent/guardian provided written Notice of Rights

Service Agreement developed, if needed

Prior Written Notice of action taken

Referral for Multi-Disciplinary Evaluation