REFERRAL FOR 504 ASSISTANCE

Section 504 of the Rehabilitation Act of 1973 is designed to eliminate discrimination on the basis of disability in any program or activity receiving federal financial assistance. Students eligible for 504 assistance are those who 1) have a physical or mental impairment which substantially limits one or more major life activities, 2) have a record of such impairment or 3) are regarded as having such an impairment. If you feel the student identified may qualify for civil rights protection under Section 504, please complete the following information.

Student's Name _____ Grade _____Date _____ School _____

Birth date _____ Sex ☐M ☐ F Parent(s) _____ Home Phone _____

Address _____ Zip _____Work Phone _____

Name of Person Submitting Referral _____ Position _____

Describe the student's need or area of concern: _____

_____

Reason for the referral:
The student is suspected of having a physical or mental impairment, has a record of such impairment or is regarded as having such impairment which may substantially limit one or more of the following major life activities:

☐ Seeing	☐ Hearing	☐ Breathing	☐ Walking	☐ Self- Care
☐ Learning	☐ Working	☐ Eating	☐ Standing	☐ Performing manual tasks
☐ Lifting	☐ Bending	☐ Speaking	☐ Reading	☐ Concentrating
☐ Thinking	☐ Digestive	☐ Bowel	☐ Bladder	☐ Communicating
☐ Brain	☐ Respiratory	☐ Circulatory	☐ Other(specify): _____	

Special Education (IDEA-B) Status: (check one box only)

- ❑ The student will be referred for special education evaluation.
- ❑ No referral to special education is necessary. No evidence exists to indicate the presence of a disability as defined by IDEA,
- ❑ The student has been evaluated by the special education team and does not qualify for special education services. Date: _____
- ❑ The student has received special education services in the past, but no longer requires special education. Please check previous services provided:

- ❑ Resource Class
- ❑ Guidance
- ❑ Speech-Language
- ❑ Self-contained Class
- ❑ Other

- ☐ Physical Therapy
- ☐ Occupational Therapy
- ☐ Special School Setting

_____

A. Summarize Test Data: If appropriate attach a copy of the student's most recent achievement/aptitude test, (K-prep, Unbridled Learning, College/Career readiness, EOC, MAP, COMPASS etc.) and classroom subject matter test results .

_____

_____

B. Student Classroom Performance Summary (To be completed by Parent/Teacher)

Is the student receiving passing grades in all subject areas? ____ If no, the student is currently failing in subject areas of: _____

_____

Has the student been retained? ___ If yes, the student was retained in grade _____

Does the student have disciplinary problems and inappropriate behavior? ___ If yes, please explain: _____

Does the student have special health care needs (medication, allergy, etc.) during class activities, including lunch? ___ Explain: _____

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C. Student's Current Educational Program:

____Regular Class
____Extended School Services
____School Intervention for math
____School Intervention for reading
____Other_____
____ Regular School Vocational Program
____ School Counseling/Intervention
____ Behavior Intervention Plan

D. Behavioral Data:

Summarize attached attendance report-:
_____

_____

Summarize attached discipline records: _____

_____

List any behaviors of concern, which should be addressed in 504 meeting _____

_____

E. Summarize current or near future extracurricular participation (if applicable) _____

_____

_____

F. Medical Data:

Vision Screening/Testing Date: _____Results:_____

Hearing Screening/Testing Date: _____Results: _____

Medication: ____Yes ____ No

List Medications:

TYPE	DOSAGE(S)

Actions Taken:

☐504 Designee will schedules meeting to discuss evaluations needed: _____

_____

☐Parent has adequate documentations of disability. 504 Designee will schedule the meeting: _____

_____ _____

Principal's or 504 Designee's Signature Date

c: School , Parent , 504 Coordinator