



## SECTION 504 STUDENT REFERRAL

This Form is to be completed by the school personnel, parent, or other individual referring the student for an evaluation to determine the student's eligibility under Section 504 of the Rehabilitation Act of 1973. The individual completing this form should provide the requested information to the best of his or her ability.

Additional pages may be added to this form if needed. Any questions regarding the completion of this Form should be directed to the designated Section 504 Coordinator.

Referral Date: \_\_\_\_\_ School: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Preferred method of contact:

Email Address: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Other: \_\_\_\_\_

Primary language spoken at home: ( ) English ( ) Other: \_\_\_\_\_

### EXPLANATION OF ELIGIBILITY

For a student to be eligible for Protection under Section 504, the student must have a physical or mental impairment that substantially limits one or more major life activities (including but not limited to: walking, seeing, hearing, speaking, breathing, learning, working, caring for one's self and/or performing mutual tasks).

Has this student been diagnosed with a mental or physical impairment?  Yes  No

If Yes, please list the impairment(s): \_\_\_\_\_

Please indicate status of official medication documentation:

Official medical documentation\* is included with this Referral

Please request official medical documentation\* on behalf of this student

*A signed release is included with this referral.*

Official medical documentation\* is not available

\*Official medical documentation includes the diagnosis, the name of the professional making the diagnosis, the initial date of the diagnosis and if applicable the date the diagnosis was last confirmed. Official medical information is typically provided on clinician/clinic letterhead. Additional supporting documentation, including the tests/tools used to arrive at the diagnosis and/or clinical observations, can be helpful to the evaluation process and may also be included with this referral.

**REFERRAL FOR SECTION 504 EVALUATION**

**PRESENTING CONCERNS**

What are your main concerns with this child's school performance?

What interventions have worked well for the child in the past?

What additional supports do you feel are needed for this child at school?

Please list any service providers involved in this child's care and the length of time of service (i.e. tutors, therapies, ADHD coaching, etc.).

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**Upon completion, please return this form to the '504 Coordinator' at the child's school.**

I have reviewed the Notice of Procedural Safeguards and am aware of Parent/Student Rights in Identification, Evaluation and Placement of Individuals with Disabilities.

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Signature of Person Initiating the Referral

Date

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Received By

Date