



REFERRAL FOR CONSIDERATION OF SECTION 504 ELIGIBILITY

I. Personal Information:

Student Name: _____ Birthdate: _____

Gender: _____ Grade: _____ Ethnicity _____ ID #: _____

Parent Name: _____

Address _____ City: _____ State: _____ Zip Code _____

Phone: (Home) _____ (Work) _____ (Emerg.) _____

School: _____ Counselor: _____

II. Reasons for Referral:

The Student named above is believed to be an individual with a qualifying handicapping condition. Based on current information, it is suspected that he/she:

✓ displays a physical or mental impairment. Specify _____

✓ that is substantially limiting one or more major life activities. Specify _____

III. Pre-Referral Actions to Address Concerns:

IV. Person Making Referral: _____

V. Process:

This form is submitted to the school's 504 Facilitator for review of appropriateness.

The parents are to be notified of this referral and of their rights under 504.

The parents are notified in writing of all decision concerning 504 identification, evaluation or placement.

Written parent consent is obtained if additional evaluation is required.

The 504 Team shall determine eligibility and develop a 504 Plan if needed.

cc: Parents
Section 504 Coordinator
Principal
Teacher
Educational Record

Revised 7.1.2019