\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Student Name

|  |  |  |
| --- | --- | --- |
| Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | State ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Local ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ELL Status:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | District:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Purpose:** Referral for Section 504 Evaluation

**Title/Name of Person Making this Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to Student or Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Your Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **What is Section 504?** *Section 504 of the Rehabilitation Act of 1973 is a federal law which prohibits discrimination against persons with disabilities. For a student to qualify for Section 504 protection, the student must: (1) have a mental or physical impairment (2) which substantially limits (3) one or more major life activities.*  |

Please fill out this referral form to the best of your ability. This form does not need to be completed in its entirety to make a referral.

Reason for Referral:

Accommodations and Interventions Attempted:

**Please describe the student’s academic, interpersonal, and behavioral/social strengths:**

**Describe the student’s mental or physical impairment:**

**Has the student experienced a decline in academic performance for which there is no know cause other than the diagnosed physical or mental impairment? If yes, please explain.**

**Has the student experienced an increase in disciplinary actions for which there is no know cause other than the diagnosed physical or mental impairment? If yes, please explain.**

**Are you aware of any intervention strategies that have been implemented and if so, does the student still exhibit significant learning-related difficulties? If yes, please explain and list the interventions.**

**Does the student require specific health management protocols to manage the effects of a chronic or acute health or medical impairment?**

**If yes, explain.**

**Are there other indicators that this student's physical or mental impairment substantially limits his/her learning? If yes, explain.**

**Does the impairment result in a substantial limitation of major life activity? (i.e., learning, walking, seeing, hearing, speaking, breathing, etc.)**

**Describe in observable ways how the mental or physical disability affects the major life activity.**

**If the major life activity is learning, did the student make below a C in area of concern on latest grade report?**

**If the major life activity is learning, did the student score below proficiency level on the latest state assessment(s)?**

**Has the child ever been referred, evaluated, and/or received services from special education? If \*Yes\*, explain.**

**Provide any additional information that could be helpful for an evaluation.**

|  |
| --- |
| Name of Person Making Referral Signature: Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Date Returned to the 504 Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and contact information of the Section 504 Coordinator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_