

Section 504 Referral Form

The purpose of Section 504 is to assist students with a disability defined as:

- A physical or mental impairment (has a history of having a physical or mental impairment)
- that **substantially** limits
- one or more major life activities

Student Name: _____ Grade: __ School: _____

Student ID Number: _____ Date of Birth: _____ Age: __

Primary Language: __

Parent/Guardian: _____

Telephone: _____

Address: _____

Referred By: _____

Instructions: Respond to the following items as completely as possible with objective data (academic grades, test scores, disciplinary reports, and behavioral observations). **Return this completed form to the school principal or school Section 504 coordinator.**

PLEASE PROVIDE THE FOLLOWING INFORMATION:

What are your specific concerns with this student's performance?

- Breathing: _____
- Seeing: _____
- Hearing: _____
- Speaking: _____
- Walking/Mobility: _____
- Learning: _____
- Behavior: _____
- Social/Emotional: _____
- Other: _____

Requested by: _____ (signature)

Date: _____

Position/Relationship: _____

Phone Number(s): _____ Home _____ Work _____ Cell

Distribution: Student's Cumulative File
Parent/Guardian
Principal
School Section 504 Coordinator
District Section 504 Coordinator