

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.

Date _____ Student's Name _____ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate _____ School _____ Grade _____ Parent(s) _____ Home Phone _____ Work Phone _____																				
Name of Person Submitting Referral _____ Position _____ Describe the student's need or area of concern: _____ _____																				
Special Education (IDEA-B) Status: (check one box only) <input type="checkbox"/> The student will be referred for special education evaluation. <input type="checkbox"/> No referral to special education is necessary. No evidence exists to indicate the presence of a disability as defined by IDEA. <input type="checkbox"/> The student has been evaluated by the special education team and does not qualify for special education services. <input type="checkbox"/> The student has received special education services in the past, but no longer requires special education. Check services provided: <input type="checkbox"/> Resource Specialist <input type="checkbox"/> Self-contained Class <input type="checkbox"/> Special School <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Guidance <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Other _____																				
Section 504: 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: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> caring for one's self</td> <td><input type="checkbox"/> speaking</td> <td><input type="checkbox"/> standing</td> <td><input type="checkbox"/> performing manual tasks</td> <td><input type="checkbox"/> thinking</td> </tr> <tr> <td><input type="checkbox"/> seeing</td> <td><input type="checkbox"/> hearing</td> <td><input type="checkbox"/> working</td> <td><input type="checkbox"/> reading</td> <td><input type="checkbox"/> communicating</td> </tr> <tr> <td><input type="checkbox"/> walking</td> <td><input type="checkbox"/> bending</td> <td><input type="checkbox"/> sleeping</td> <td><input type="checkbox"/> learning</td> <td><input type="checkbox"/> other</td> </tr> <tr> <td><input type="checkbox"/> lifting</td> <td><input type="checkbox"/> breathing</td> <td><input type="checkbox"/> eating</td> <td><input type="checkbox"/> concentrating</td> <td></td> </tr> </table>	<input type="checkbox"/> caring for one's self	<input type="checkbox"/> speaking	<input type="checkbox"/> standing	<input type="checkbox"/> performing manual tasks	<input type="checkbox"/> thinking	<input type="checkbox"/> seeing	<input type="checkbox"/> hearing	<input type="checkbox"/> working	<input type="checkbox"/> reading	<input type="checkbox"/> communicating	<input type="checkbox"/> walking	<input type="checkbox"/> bending	<input type="checkbox"/> sleeping	<input type="checkbox"/> learning	<input type="checkbox"/> other	<input type="checkbox"/> lifting	<input type="checkbox"/> breathing	<input type="checkbox"/> eating	<input type="checkbox"/> concentrating	
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Action Taken: <input type="checkbox"/> The student will be evaluated for possible 504 accommodation. Evaluation Assignments: <input type="checkbox"/> No further evaluation at this time. Explain. Additional Comments: _____ _____																				
Principal's Signature _____ Date _____																				