

DISTRICT NAME

Address

SECTION 504 PLAN REFERRAL

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. If you feel the student identified may qualify under Section 504 or requires a Section 504 Plan to address a disability, please complete the following information.

1. General Information

Student Name:

Birth Date:

Age:

Gender:

School:

Grade:

Teacher:

Student Address:

City:

State:

Zip:

Parent(s) Name(s):

Mother's Phone:

Father's Phone:

2. Referral

Today's Date:

504 Coordinator/Responsible Staff Member:

Phone:

1. Is the student suspected of having a physical or mental impairment which substantially limits one or more major life activities? Or, does the student have a record of such impairment? Or, is the student regarded as having such an impairment?

Yes No If yes, which major life activity is limited? (check one or more as appropriate)

<input type="checkbox"/> concentrating <input type="checkbox"/> learning <input type="checkbox"/> thinking <input type="checkbox"/> working <input type="checkbox"/> reading <input type="checkbox"/> communicating <input type="checkbox"/> speaking <input type="checkbox"/> hearing <input type="checkbox"/> seeing	<input type="checkbox"/> walking <input type="checkbox"/> standing <input type="checkbox"/> bending <input type="checkbox"/> lifting <input type="checkbox"/> breathing <input type="checkbox"/> caring for self <input type="checkbox"/> eating <input type="checkbox"/> sleeping	<input type="checkbox"/> major bodily function (i.e. immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions) <input type="checkbox"/> other (describe) :
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2. Describe the nature of the concern:

3. Does student have a current medical diagnosis? Yes No If yes, list here:

4. Describe how the physical or mental impairment affects a major life activity:

Action Taken by 504 Team:

Parental consent shall be sought to evaluate the student to determine possible Section 504 eligibility.

Evaluation Assignments:

No further evaluation at this time. Explain:

Referring Party's Signature

Date

Building 504 Coordinator Signature

Date

STAFF USE ONLY

Date sent Sent by

Notice of Section 504 Conference:

Section 504 Rights/Procedures:

Consent for 504 Evaluation:

Date of Section 504 Conference:

Time of Meeting:

Location of Meeting:

Reason for Meeting: Initial 504 Evaluation

Periodic 504 Reevaluation

504 Reevaluation before significant change in placement