

## SECTION 504 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 for civil rights protection under Section 504, please complete the following information.*

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Birth date \_\_\_\_\_ Sex  M  F

Parent(s) \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name of Person Submitting Referral \_\_\_\_\_ Position \_\_\_\_\_

Describe the student's need or area of concern: \_\_\_\_\_

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### Special Education (IDEA) Status: *(check one box only)*

- No referral to special education is necessary. No evidence exists to indicate the presence of a disability as defined by IDEA.
- The student has been evaluated by the IEP Team and does not qualify for IDEA services.
- The student has received IDEA services in the past, but no longer requires those services. Please check services that were provided:
  - Resource Class                       Self-contained Class                       Occupational Therapy
  - Guidance                                       Special School Setting                       Physical Therapy
  - Speech-Language     Other \_\_\_\_\_

### Section 504:

The student is suspected of having a physical or mental impairment that may substantially limit one or more of the following major life activities when compared to the average student:

- caring for one's self                                       speaking                       breathing                       other \_\_\_\_\_
- performing manual tasks                                       seeing                       learning
- walking                                       hearing                       working

### Action Taken by 504 Team:

- The student will be evaluated for possible Section 504 eligibility. Evaluation Assignments:

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- No further evaluation at this time. Explain.

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504 Team Chairperson Signature

\_\_\_\_\_  
Date