

PARENT REFERRAL FOR SECTION 504 INITIAL EVALUATION

STUDENT INFORMATION	
Name of Student:	Date of Birth:
School Attending:	Grade:
Parent/Guardian Name:	
Address:	
Phone Number:	Email:

REASON FOR REFERRAL
Provide all reasons that you have for referring your child for a 504 evaluation:

MEDICAL INFORMATION Note: <i>A medical diagnosis is not required to support the existence of a 504 disability.</i>		
Does the student have any medical conditions or diagnoses:		
Diagnosis:	Diagnosed By:	Date:
Is the student on any medication(s)? (Please list)		

Describe the impact of the medication(s) on the student?
Does the student wear glasses, contacts or other corrective lenses?
Does the student wear an assistive hearing device?
Does the student utilize any other mitigating measures that positively impact the student educationally? A mitigating measure is something that helps to improve the impact of the impairment. If yes, please list and describe the impact of each mitigating measure.

EDUCATIONAL INFORMATION
List all schools attended and the dates of attendance at each:
Has the student ever been home schooled? If Yes, please provide dates:
Has the student participated in any on-line or virtual instructional programs: If Yes, please provide name of programs and dates of attendance:

Has the student ever been on an IEP, 504 or other educational support plan? If yes, please describe:

Is the student considered to be bilingual or is English the student's second language?

List any alternative programs in which the student has participated at this or other school districts and the dates of participation: (Examples include but are not limited to Title I programs, Alternative School, English as a Second Language Programs, Response to Intervention programs)

Please describe the results of any such programs:

CULTURAL, ECONOMIC, AND ENVIRONMENTAL FACTORS

Describe any cultural, economic, or environmental factors that you believe may have impacted or limited the student at school or in the school environment:

Signature of Parent/Guardian

Date

For School Use Only:	
Date Referral Received:	Person Receiving:
District Action: <ul style="list-style-type: none"><input type="checkbox"/> IDEA Disability Suspected – Refer to Special Education Department<input type="checkbox"/> 504 Disability Suspected – Convene Team to Conduct Review of Existing Data<input type="checkbox"/> No Disability Suspected – Provide Parent with Notice of Action and Safeguards<input type="checkbox"/> No Disability Suspected - Recommend General Education Interventions – Provide Parent with Notice of Action and Safeguards	
Date of District Action:	
Individual(s) participating:	