

Section 504 Referral and Recommendations

Referral Date _____

Student _____ Sex ____ DOB _____ Age _____
Last First M.I.

Address _____ Parent/Guardian/Surrogate _____
Street City State Zip

School _____ Teacher(s) _____ Grade _____

Telephone _____
Home Mother's Work Father's Work

English Proficient YES__ NO __ Home Language _____ Screened by ESL YES __ NO __

Referral made by _____ Position _____

This referral and function of the 504 Team have been discussed with the Parent/Guardian/Surrogate
YES ____ NO ____ Date _____

Description of Teacher/School/Parent concern(s) _____
(circle one)

Provide information to substantiate concern(s) (i.e., pre-referral data, disciplinary information, screening instruments, observations, anecdotal data, reports, examples of student's work) _____

Describe interventions already used in attempting to resolve concern(s): _____

TO BE COMPLETED BY THE 504 TEAM

Date of 504 Team Meeting _____

Recommendations

- _____ Refer for Comprehensive Evaluation under IDEA
- _____ Screen by ESL
- _____ Screen/evaluate for 504 eligibility
- _____ Other, Specify _____

504 Team member responsible to inform Parent/Guardian/Surrogate of recommendations (circle one):

Name/Position