# 504 Initial Referral Form

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Submit completed form and supporting documents to the Building 504 Coordinator.

Student name:       DOB:

School:       Grade:       ID#:

Person completing this referral:

Relationship to Student

Date submitted:

Supporting Documentation

Check all documents/reports included with Initial Referral

|  |  |  |  |
| --- | --- | --- | --- |
| **Medical** | | **School** | |
|  | Psychological Evaluation |  | Report Card/Course History |
|  | Physician’s Report |  | Standardized Assessments (ITBS/ITED, Star) |
|  | Health History |  | General Education Interventions |
|  | Other: |  | Work Samples |
| **Home / Community** | |  | Curriculum-based assessments |
|  | Parent Input |  | Discipline Report |
|  | Home History |  | Attendance Report |
|  | Community Agency Report |  | Student Performance Review |
|  | Other: |  | Other: |
| **Other** | |  |  |
|  | Observation Data |  |  |
|  | Other: |  |  |

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Section 504 Regulations define physical or mental impairment'' as (A) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive, digestive, genito-urinary; hemic and lymphatic; skin; and endocrine; or (B) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities

Based on the definition above, state the physical or mental impairment of concern. Provide available supporting documentation.

|  |  |  |
| --- | --- | --- |
| Is impairment... | No | Yes - Provide detailed explanation  Note frequency, intensity and duration |
| Temporary (expected to last 6 months or less)? |  |  |
| Episodic or intermittent (not always present)? |  |  |
| In remission? |  |  |
| Related to cultural, economic or environmental issues? |  |  |
| Reduced by use of mitigating measures such as medication, physical devices or technology? |  |  |

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Describe how the disability affects any Major Life Activity listed below

|  |  |
| --- | --- |
| Major Life Activity (MLA) | * Include specific examples. * Include comparison to how peers perform the same activity * Note differences when/if mitigating measures listed above are in effect |
| Seeing |  |
| Hearing |  |
| Breathing |  |
| Walking |  |
| Learning |  |
| Communicating |  |
| Thinking |  |
| Concentrating |  |
| Reading |  |
| Operation of major bodily function (ie: digestive or immune system) |  |
| Other |  |

Additional Comments (use additional pages if necessary)