# 504 Cover Page Form

Student name:       DOB:

School:       Grade:       ID#:

Parent/Guardian

Address:

Building 504 Coordinator:

Date of Initial Referral Form (attached):

Supporting Documentation Necessary to Make Eligibility Decision

Check all documents/reports included

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Medical** |  | **School** |  | **Required** |
|  | Psychological Evaluation |  | Report Card/Course History |  | Initial Referral |
|  | Physician’s Report |  | Standardized Assessments (ITBS/ITED, Star, DIBELS) |  | Parent Permission / Receipt of Rights |
|  | Health History |  | Work Samples |  | Parent Input |
|  | **Home / Community** |  | Curriculum-based assessments |  | **Other** |
|  | Home History |  | Discipline Report |  | Observation Data |
|  | Community Agency Report |  | Attendance Report |  |  |
|  |  |  | Student Performance Review |  |  |

Building 504 Coordinator will:

* Provide parent with MCSD Student / Parent Right Handbook for 504.
  + ***Parent Permission for Initial Evaluation / Receipt for Section 504 Parent and Student Rights Booklet***
* Review all submitted documents
* Collect all additional information necessary for Eligibility Team to make informed decision
* Submit all information with this ***Cover Page*** to District 504 Coordinator within 30 calendar days of receipt.