

Referral submitted by: _____ Title _____ Date: _____

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:

Date: _____ School: Joel Barlow High School

Student's Name: _____ Grade: _____ DOB: _____ Gender: M F

Home Address: _____

Parent(s)/Guardian(s): _____ Home Tel: _____ Work Tel: _____

Reason for Referral: _____

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 Assistive technology 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

Strategies / Interventions Initiated (attach copies of intervention documentation): _____

Signature of the Person Making Referral			Title			Date of Referral (mo./day/yr.)		
The signature of the Principal receiving this referral also documents that the <i>Parent/Student Rights in Identification, Evaluation, Accommodation and Placement (504-3)</i> , and a copy of this referral have been given or sent to the parent/legal guardian.								
Receiving Referral			Date Received (mo./day/yr)			Signature of Principal		