SECTION 504 REFERRAL REVIEW

School: ________________________________ **Date:** ________________

Student's Name: ______________________ Birth Date: __________ Sex: ______ Grade: ______

Parent's Name: _____________________ Phone (Home/Work/Cell): _______________________

Parent's Address: ____
Street City State Zip

Meeting Participants and Attendance

Signatures of the following individuals indicate attendance at this meeting. Additional participants' names should be documented and attached.

____
Parent/Guardian

____
Student

____
Building 504 Coordinator

____
Teacher of Record

____
Other

____
Other

____
Other

____
Other

1. Student Record Review – See Form 2260.01 F19

Parent Input ____

____

Staff Input ____

____

Student Input ____

____

2. Special Education (IDEA) Status:

_______ There is no current reason to suspect a disability under IDEA. No referral to special education is necessary.

_______ The student has been evaluated by the IEP Team but found ineligible for IDEA services. (Date: ________)

_______ The student received IDEA services in the past, but was found no longer eligible when reevaluated. (Date: _______) Please check services that were provided:

_______Resource Class _______Self-contained Class
_______Occupational Therapy _______SSW Services
_______Special School Setting _______Physical Therapy
_______Speech-Language _______ Other

Section 504:

_______The student is suspected of having a physical or mental impairment that substantially limit one or more of the following major life activities when compared to the average student (indicate by checking or circling or identifying in "other" as appropriate):

_______caring for one's self _______speaking _______breathing
_______standing _______lifting _______performing manual tasks
________seeing _______learning _______eating _______bending
_______walking _______hearing _______working _______sleeping
_______reading _______communicating _______concentrating _______thinking
_______major bodily functions, e.g.: immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive
_______Other major life activities (including other major bodily functions)
_______The student is not suspected of having a 504 disability.

Recommendation of 504 Team:

_______The student should be evaluated for possible Section 504 eligibility. Evaluation Assignments: See Form 2260.01A F6, Parent Permission for Section 504 Evaluation.
______The student should be evaluated for possible IDEA eligibility.
_______No further evaluation at this time. Explain.
____
____
____

____________________________________ _______________________
Building 504 Coordinator Signature Date

____________________________________ _______________________
Parent Signature Date

5/12
1/0/12
9/25/13