Woodridge Local School District

SUSPECTED DISABILITY REFERRAL FORM

Student Name ____ DOB ________________

School ____ Grade _______________

Parent Name(s) ____

Address ____ Phone _______________

A. **Statement of Suspected Section 504 Disability**

Please complete this form if you suspect that this student may have a physical or mental impairment that substantially limits one or more major life activities. (See below).

B. **Nature of the Concern (attach additional sheets if necessary).**

1. Check the suspected physical or mental impairment and state any evaluative/data source supporting the diagnosis.

- ☐ Asthma
- ☐ Attention Deficit Disorder/ADHD
- ☐ Brain Injury
- ☐ Cancer
- ☐ Cerebral Palsy
- ☐ Developmental Aphasia
- ☐ Diabetes
- ☐ Dyslexia
- ☐ Emergent Allergy
- ☐ Emotional Illness
- ☐ Epilepsy
- ☐ Hearing Impairment
- ☐ Heart Disease
- ☐ Minimal Brain Dysfunction
- ☐ Multiple Sclerosis
- ☐ Muscular Dystrophy
- ☐ Orthopedic Impairment
- ☐ Recovering Chemically Dependent
- ☐ Seizures
- ☐ Speech Impairment
- ☐ Visual Impairment
- ☐ Other: ___________

2. Identify major life activity(ies) that are limited. (Note this list is not exhaustive.)

Bending
Breathing
Caring for one's self
Communicating
Concentrating
Eating
Hearing
Learning
Lifting
Performing manual tasks
Reading
Seeing
Sleeping
Speaking
Standing
Thinking
Walking
Working
Other: _________________

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3. Identify any major bodily functions that are limited. (Note: This list is not exhaustive.)

Bladder
Bowel
Brain
Circulatory/Cardiovascular System
Digestive System
Endocrine System
Immune System
Neurological System
Normal Cell Growth
Reproduction
Respiratory System
Other: _____________

4. Indicate how the any major life activity(ies) and/or major bodily function(s) (is)(are) substantially limited.
____
____

C. To date, what accommodations/modifications/interventions or special provisions have been made to assist the student?

________________________________ ________________________ _______________________
Signature of Person Making Referral Relationship to Student Date

The signature of the principal receiving this Referral documents that a copy of this form and the Notice of Section 504/ADA Procedural Information and Rights have been given or sent to the parent or guardian.

____ _______________________
Principal's Signature Date Received

For Office Use Only

Copies to:	__ District 504 Coordinator	__ Building Administrator	__ Teacher(s)
__ Parent(s)	__ Files	__ District Health Coordinator	__ School Counselor

1/16/07
10/19/10

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