

**Section 504 Referral Form**

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ School:

\_\_\_\_\_ Grade: \_\_\_\_\_

Teacher(s): \_\_\_\_\_

Referral Initiated By (and Title): \_\_\_\_\_

Date: \_\_\_\_\_

**REASON FOR REFERRAL**

Suspected Physical or Mental Impairment \_\_\_\_\_

Major Life Activity that is being substantially limited (i.e. learning, thinking, walking, seeing, hearing, speaking, breathing, etc.) \_\_\_\_\_

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GENERAL EDUCATION ALTERNATIVES**

What accommodations and/or alternative strategies have been used with this student? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What were the results of these accommodations/alternative strategies?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were there any accommodations/alternative programs that were considered and rejected for this student? If so, describe and give reason.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OBSERVATIONS**

Based on your knowledge and observations, please rate this student's performance.

Observations Unsatisfactory Excellent

Classroom work	1	2	3	4	5
Homework	1	2	3	4	5
Tests	1	2	3	4	5
Reading Performance	1	2	3	4	5
Math Performance	1	2	3	4	5
Written Expression	1	2	3	4	5
Spelling	1	2	3	4	5
Following Oral Directions	1	2	3	4	5
Following Written Directions	1	2	3	4	5
Attendance	1	2	3	4	5
Attention Span	1	2	3	4	5
Organizational Skills	1	2	3	4	5

Check student's behavioral characteristics that might substantially limit a major life activity.

Shy	Irritable
Moody	Requires constant encouragement
Anxious	Disruptive
Rejected by peers	Distractible
Daydreams	Quarrelsome
Aggressive	Withdrawn

List any medical issues which might substantially limit any of student's major life activities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Other information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

