



SECTION 504 REFERRAL

2163 F-1
3330 Monte Villa Parkway
Bothell, WA 98021
(425) 408-6000

Student's Name

Grade

Birthdate

SSID #

Describe the student's disability and how the disability impacts or substantially limits the student's participation in or benefit from the district's educational program and related activities:

Provide information to substantiate concern(s) (i.e. pre-referral data, disciplinary information, screening instruments, observations, anecdotal data reports, examples of student's work):

Describe interventions already used in attempting to resolve concern(s):

Referral made by (print name):

Relationship to student:

Signature: _____

Date: _____

Please return this form to _____ at _____ (school)

Contact information Phone e-mail

For School Personnel Only

Received by: _____

Date _____

Distribution: 1) Parent/Guardian/Adult Student
2) School Section 504 file in the Student's Cumulative Folder
Attachment: *Notice of Action and Section 504 Parent/Student Rights*