

**Lee's Summit R VII School District
Section 504 Referral Form**

Student Name:		Student #:	
Referral Date:		Person Making Referral:	
DOB:		Gender:	
Parent/guardian:			
Address:		Phone:	
City, State, Zip:			
School:		Grade:	
Date received by 504 Coordinator:		Date Procedural Safeguards Provided:	

Please list specific concerns for the student (to be completed by person making referral)

What regular education strategies and interventions have been attempted (to be completed by educational staff)

(Mitigating measures will not be considered when making eligibility determinations)