

Appling County Section 504 Referral for Eligibility Determination

Please complete and give this form to the school's Section 504 School Contact.

Name of Student Referred: _____ Today's Date: ____/____/____

Date of Birth: _____ Grade: _____ School Name: _____

Name of the person completing this form: _____

Mark (X) below - A Referral for Section 504 Consent to Evaluate/Assess and possible 504 eligibility determination has been initiated by:

1. _____ **Parent/Guardian of the named student – Name:** _____

- **NOTE:** If the parent brings a psychological evaluation report to the school please send a copy to the BOE with this referral form.

Parent Contact Number: _____ / _____ **Email:** _____

2. _____ **Section 504 School Contact**

3. _____ **Teacher of the named student- Teacher Name:** _____

- **NOTE:** If a student is in RTI **and** has a medical diagnosis (Diagnosis by a licensed provider: medical doctor and/or private psychologist/psychiatrist. Takes daily medication for an impactful condition.) therefore you have knowledge that the student is at-risk. For example, a student in RTI that takes ADHD/ADD, seizure medication(s).

4. _____ **School RTI Committee**

- **NOTE:** If a student is in RTI **and** has a medical diagnosis (Diagnosis by a licensed provider: e.g. medical doctor and/or private psychologist/psychiatrist and/or takes daily medication for an impactful condition) you have knowledge that the student is at-risk.

5. _____ **School IEP/Eligibility Committee – Date of IEP/Eligibility Meeting:** _____

- **NOTE:** The above named student was evaluated and determined not eligible for IDEA/SPED services but the eligibility committee has referred the student to the Section 504 Committee for 504 eligibility determination. The student must have a medical diagnosis e.g. ADHD/ADD etc.

6. _____ **School Nurse**

- **NOTE:** If a student is in RTI **and** has a medical diagnosis (Diagnosis by a licensed provider: medical doctor and/or psychologist/psychiatrist and/or takes daily medication for an impactful condition.) then you have knowledge that the student may have a documented impairment.

7. _____ **Other – Name:** _____ **Position:** _____

Section 504 School Contact received this referral on: ____/____/____

Section 504 School Contact signature: _____

<p>Received at BOE on:</p> <p>____/____/____</p>
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1. The student's parents will need to sign a Section 504 Consent to Evaluate/Assess.
2. Section 504 parent rights and safeguards will be given to the parent.
3. A 504 Determination Meeting will be scheduled by the School's Section 504 Contact.
4. A 504 Determination Meeting will be held to determine if the student meets eligibility.
5. **SAVE this COMPLETED form in Infinite Campus & Send a copy to the central office.**