



BARSTOW UNIFIED SCHOOL DISTRICT

Liaison Request/Referral Form

The Barstow Unified School District (B.U.S.D.) School Site Special Education 504 Liaisons provide support, guidance, and assistance to parents and guardians of students with special needs during Special Education and Section 504 processes.

If you are in need of assistance from the BUSD Special Education 504 Liaison or would like to know more information and be contacted by a liaison, please fill out the information below and return it to Pupil Services. The digital format of this form is available at www.busdk12.com

Name of Person Requesting/Referring: _____

Role: Parent/Guardian Teacher Administrator Other: _____

Parent/Guardian Name:	
Student's Name:	Date of Birth:
Parent Contact Information	
Phone:	<input type="checkbox"/> Home Phone <input type="checkbox"/> Cell
Email:	
Student's School Site:	
Best Method of Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text	
Primary Language of Parent/Guardian:	

Type of Assistance Needed:

IEP Meeting 504 Meeting Parent/Teacher Conference Informational Other: _____

If the request/referral is for a meeting or parent-teacher conference, please fill out the information below:

Meeting Date:	Time:
School Site/Site:	

Notes:
