



Fayette County Public Schools

REFERRAL FOR 504 ASSISTANCE

Section 504 of the Rehabilitation Act of 1973 is designed to eliminate discrimination on the basis of disability in any program or activity receiving federal assistance. Students eligible for 504 assistance are those who 1) Have a physical or mental impairment which substantially limits one or more major life activities 2) have a record of such impairment or 3) are regarded as having such impairment. If you feel the student identified may qualify for civil rights protection under section 504, please complete the following information.

Student's Name: _____ Grade: _____ Date: _____ School: _____

Birthdate: _____ Sex: _____ Parent(s): _____ Home Phone: _____

Address: _____ Zip Code: _____ Work Phone: _____

Name of Person Submitting Referral: _____ Relation to student: _____

Describe the student's need or area of concern: _____

Reason for the referral: The student is suspected of having a physical or mental impairment, has a record of such impairment or is regarded as having such impairment which may substantially limit one or more of the following major life activities:

- Seeing Hearing Breathing Walking Self-care Learning Working Eating Standing Performing Manual Tasks Lifting Bending Speaking Reading Concentrating Thinking Digestive Bowel Bladder Communicating Brain Respiratory Circulatory

Other (Specify): _____

Student's Educational Program:

- The student has or is receiving math Tier I, Tier II, Tier III interventions.
- The student has or is receiving reading Tier I, Tier II, Tier III interventions.
- The student will be referred for special education evaluation. No referral to special education is necessary. No evidence exists to indicate the presence of a disability as defined by IDEA.
- The student has been evaluated by the special education team and does not qualify for special education services. Date: _____
- Physical Therapy Occupational Therapy Speech/Language Resource Class Guidance Special School setting Self-contained class Other: _____

A: Summarize Test Date: If appropriate attach a copy of the student's most recent achievement/aptitude test, (K Prep, unbridled learning, college/career readiness, ECO, CAP, Compass, etc) and classroom subject test results

B. Student Classroom Performance Summary (To be completed by Parent/Teacher)

Is the student receiving passing grades in all subject areas? _____ If no, the student is currently failing in the following subjects:

Has the student been retained? _____ If yes, the student was retained in grade _____

Does the student have disciplinary problems or inappropriate behavior? _____ If, yes please explain _____



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Does the student have special healthcare needs (Medication, allergy, etc) during class activities including lunch? If yes, please explain:

C. Student's Current Educational Program. Please check all that may apply.

____ Regular Class ____ Regular School Vocational Program ____ Extended School Services ____ School Counseling/Intervention Program ____ Math Tier I ____ Math Tier II ____ Math Tier III ____ Reading Tier I ____ Reading Tier II ____ Reading Tier III ____ Behavior Intervention Plan
____ Other: _____

D. Attendance/ Behavioral Data: Summarize and attach attendance report:

_____ Summarize and attached discipline records: _____

List any behaviors of concerns, which should be address in 504 meeting _____

E. Summarize current or near future extracurricular participation (if applicable:) _____

F: Medical Data: Vision Screening/Testing Date: _____ Results: _____

Hearing Screening/Testing Date: _____ Results: _____

Have doctor's Reports been requested? Yes ____ No ____

Is the student currently on medication? Yes ____ No ____

List Medications	Type/Purpose	Dosage

List other health condition(s) which may substantially limit the student's learning or access to school activities _____

Principal or 504 Designee's Signature _____ Date: _____

Office Use: Actions Taken:

Parent has adequate documentation of the disability. 504 designee will schedule the meeting: _____

504 Designee will schedule meeting to discuss this referral and the evaluation(s) needed: _____