

## Model Section 504 Referral and Recommendations

Referral Date \_\_\_\_\_

Student \_\_\_\_\_ DOB \_\_\_\_\_  
Last First M.I.

Parent/Guardian \_\_\_\_\_ Telephone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Referral made by \_\_\_\_\_ Position \_\_\_\_\_

Reason for Referral \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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### To be completed by the Section 504 Team

Date of Section 504 Team Meeting \_\_\_\_\_

#### Recommendations

\_\_\_\_\_ Refer for Comprehensive Evaluation under IDEA  
\_\_\_\_\_ Screen/evaluate for Section 504 eligibility  
\_\_\_\_\_ Other, Specify \_\_\_\_\_

Section 504 Team member responsible to inform parent/guardian of recommendations:

\_\_\_\_\_  
Name/Position

TDOE  
Section 504 Guide



**Classroom Schedule** (List all classes/teachers)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Eligibility**

Student is eligible under Section 504? \_\_\_\_\_ Yes \_\_\_\_\_ No

▪ If yes, recommended accommodations/services:

▪ If no, Team recommendations:

Additional comments:

Person responsible for implementation: \_\_\_\_\_

**Section 504 Team**

<u>Name</u>	<u>Title</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Section 504 Parental Rights were given and explained to parent(s)/guardian(s):**

\_\_\_\_\_ Yes                      Date: \_\_\_\_\_  
\_\_\_\_\_ No

**Reevaluation Date:** \_\_\_\_\_

**\*\*Comprehensive reevaluations must be conducted at least every three (3) years after the initial assessment\*\***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/guardian)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/guardian)

Copies to: \_\_\_\_\_ Parent/guardian  
              \_\_\_\_\_ School Section 504 file  
              \_\_\_\_\_ LEA Section 504 coordinator

## Model Letter to Physician Regarding Medical Concerns

(Date)

Dear Dr. \_\_\_\_\_:

A referral has been initiated for \_\_\_\_\_ (student's name) \_\_\_\_\_, \_\_\_\_\_ (date of birth) \_\_\_\_\_ of \_\_\_\_\_ (address) \_\_\_\_\_ under Section 504 of the Rehabilitation Act of 1973. The reason(s) for the referral is/are:

[Type reason(s) here]

Since the questions presented are relative to medical concerns and it appears these concerns are affecting a "major life activity" or "major bodily function" we would appreciate your input. Please complete the attached questionnaire. A release of information has been signed by the parent/guardian and is attached for your convenience.

If you have any questions regarding this request, please do not hesitate to contact me.

Thank you in advance for your assistance.

Sincerely,

(Name and Title)

Cc: Parent

## Model Physician Questionnaire for Medical Concerns

Student \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Telephone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

1. Detail available medical background, including a written diagnostic statement and copies of any/all reports.
  
  
  
  
  
  
  
  
  
  
2. In your opinion, how do these difficulties “substantially limit” this student’s ability to receive and/or benefit from the education program/activity?
  
  
  
  
  
  
  
  
  
  
3. Recommendations for consideration at an upcoming conference.

Please attach any reports pertinent to the medical/educational needs of this student.

Please forward a copy to \_\_\_\_\_ (name) \_\_\_\_\_ by \_\_\_\_\_ (date) \_\_\_\_\_.

Thank you.

Copies to: \_\_\_\_\_ Parent/guardian  
\_\_\_\_\_ School Section 504 file  
\_\_\_\_\_ LEA Section 504 coordinator

## Model Notice of Action/Consent

To: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/guardian)

Student's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Student ID No.: \_\_\_\_\_

### I. Notice of Action. The purpose of this written notice is to inform you that we are:

\_\_\_\_\_ proposing \_\_\_\_\_ initiate a/an  
\_\_\_\_\_ refusing to \_\_\_\_\_ change

Mark all items that apply:

\_\_\_\_\_ evaluation \_\_\_\_\_ Section 504 plan \_\_\_\_\_ disciplinary action  
\_\_\_\_\_ eligibility \_\_\_\_\_ reevaluation \_\_\_\_\_ other: \_\_\_\_\_

Description of the proposed or refused action:

Reason why we are proposing or refusing to take action is:

\_\_\_\_\_ Date: \_\_\_\_\_  
(Name of building Section 504 coordinator)

### II. Parent Consent (Only required for initial evaluation.)

\_\_\_\_\_ Yes, I do consent to an initial evaluation for my student.  
\_\_\_\_\_ No, I do not consent for an initial evaluation for my student.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/guardian)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/guardian)

Copies to: \_\_\_\_\_ Parent/guardian  
\_\_\_\_\_ School Section 504 file  
\_\_\_\_\_ LEA Section 504 coordinator