

BERLIN BOROUGH SCHOOL DISTRICT
"Where Students Discover Their Potential"



REFERRAL FOR SECTION 504 ASSISTANCE

Student Name:

Date:

Grade:

Parent Name:

School Counselor:

I believe my child should be evaluated to be determined eligible under Section 504. My reasons for believing that *reasonable accommodations* should be offered under a Section 504 Plan are as follows:

I believe the following *reasonable accommodations* may be considered in order to afford reasonable access.

A copy of all relevant medical, educational, behavioral, and/or psychological records is enclosed. ☐ Yes ☐ No

Please answer the following questions to the best of your ability:

1. Has the student been evaluated by the Child Study Team? ☐ Yes ☐ No
2. If evaluated by the Child Study Team, what were the results of the evaluation?
3. If the student has received special education services in the past, please describe the services provided:
4. If the student has been determined no longer eligible for special education in the past, when was this determination made?

Additional Information:

1. What are some of your child's strengths?
2. Is your child receiving outside services?
☐ Yes – Please explain:

☐ No
3. Please share anything that would be helpful in planning for your child's success at school.

Parent Signature: _____ Date: _____

Return this form to the Section 504 School Officer

<i>Office Use Only:</i> Date Received _____ Initials _____
