

Section 504 Referral Form

Student Information:

Name: _____ Date of Birth: _____ Grade: _____ Sex M F

Parent/Guardian _____ Phone _____

Address _____ Date Completed _____

Referral Made By:

☐ Parent/Guardian: _____

☐ Teacher/Staff: _____

☐ Other: _____

Section I: Reason for Referral (Check all that apply)

☐ Medical condition

☐ Academic difficulties

☐ Behavior concerns

☐ Physical limitations

☐ Attention issues

☐ Other: _____

Please answer the following:

1. Have you discussed your concerns with this student's team? Yes No

(If "no", please meet with team prior to completing form)

2. Have you discussed your concerns with the building principal? Yes No

(If "no", please see the building principal prior to completing this form)

3. Have you contacted the student's parent/guardian prior to completing this form? Yes No

(If "no", please contact the parent before turning in this form)

4. Describe why you are referring this student to the Section 504 Committee: *what are the core concerns (academic, social/emotional, physical)?*

5. Describe any known or suspected impairments (academic, social/emotional, physical)

6. Major life activities possibly impacted

On a separate sheet of paper, please describe any other strategies or plans you have used that positively impact your student's functioning at school. Please also attach any supporting documentation (i.e. outside evaluations, medical records, etc.)

Section II: Medical Information

Does the student have current medical diagnoses? Yes No

If yes, please describe _____

Is the student currently taking any medication? Yes No

If yes, please describe _____

Please return to Bolivar Richburg Central School, 504 Coordinator

Referring Person Signature: _____ Date: _____

Building Principal Signature: _____ Date: _____

504 Coordinator Signature: _____ Date: _____

For School Site Section 504 Coordinator Completion Only:

Date Referral Received:

District Action:

- ☐ IDEA Disability Suspected – Refer to Special Education and Send Notice of Action
- ☐ 504 Disability Suspected – Convene Team to Conduct Review of Existing Data
- ☐ No Disability Suspected – Send Notice of Action and Consider Referral to MTSS or RtI Team for Tiered Interventions