

Parent/Guardian/Student/Educational Staff Section 504 Referral Form 2025-2026



This form is intended to initiate the PSD Section 504 referral process. A Section 504 team will review the information provided and determine if a 504 evaluation is warranted. For details about the PSD Section 504 process, see the [PSD Section 504 Family Guidebook](#).

After this form has been completed, submit it to the student's [school 504 team lead or coordinator](#).

Date _____

Student's first name _____

Student's last name _____

Student's grade level _____

Name of person completing this form _____

Relationship to the student _____

Describe the reason for this 504 referral

Is the student receiving passing grades in all subject areas? Yes ☐ No ☐

If no, what subject area(s) is the student currently failing?

Is the student's attendance a concern? Yes ☐ No ☐

If yes, please explain

Has the student been retained (repeated one or more grade levels)? Yes ☐ No ☐

If yes, what grade level(s)? _____

Has the student received disciplinary action for inappropriate behavior? Yes ☐ No ☐

If yes, please explain

Does the student have a Health Care Action Plan (HCAP) for the suspected impairment or does the student have a health condition? Yes ☐ No ☐

If yes, please explain

Has the student ever been referred, evaluated, and/or received special education services (integrated services)? Yes ☐ No ☐

If yes, please explain

Describe any accommodations, modifications, and/or related services you think are necessary

If you would like to provide any other information or have questions about providing reports from outside medical and/or mental health professionals, please contact your student's 504 team lead/coordinator.

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