



SECTION 504 REFERRAL REVIEW

(Form E)

School: _____

Date: _____

Student's Name: _____ DOB: _____ Grade: _____ Sex: M F

Parent's Name: _____ Phone Number: _____

Parent's Address: _____
Street City State Zip

Meeting Participants and Attendance

Signatures of the following individuals indicate attendance at this meeting. Additional participants' names should be documented and attached.

Parent/Guardian

Parent/Guardian

Building 504 Coordinator

Teacher

Student

Other

Other

Other

1. Student Record Review – See Form D

2. Parent Input: _____

3. Staff Input: _____

4. Student Input: _____

5. Special Education Status:

- There is no current reason to suspect a disability under IDEA. No referral to special education is necessary.
- The student has been evaluated by the IEP Team but found ineligible for IDEA services. (Date : _____)
- The student received IDEA services in the past, but was found no longer eligible when reevaluated. (Date : _____) Please check services that were provided:
 - Resource Room Self-contained Class Occupational Therapy
 - SSW Services Special School Setting Physical Therapy
 - Speech/Language Other: _____

6. Section 504:

The student is suspected of having a physical or mental impairment that may substantially limit one or more of the following major life activities when compared to the average student:

- Caring for oneself Speaking Breathing Standing
- Performing manual tasks Lifting Seeing Learning
- Concentrating Walking Hearing Working
- Sleeping Bending Reading Thinking
- Communicating Eating
- Major bodily functions (list): _____

7. Recommendation of 504 Team:

- The student should be evaluated for possible Section 504 eligibility. Evaluation Assignments: See Form F, Parent Permission for Section 504 Evaluation.
- The student should be evaluated for possible IDEA eligibility.
- No further evaluation needed at this time. Explain: _____

Parent/Guardian Signature

Date

Building 504 Coordinator Signature

Date