

Tri-County Regional Vocational Technical High School

Section 504 Referral Form

Student: _____ Date: _____

School: Tri-County Regional Vocational Technical H.S. Date of Birth: _____

Teacher: _____ Grade: _____

Parent: _____ Phone: _____

Address: _____

Referred by: _____

Position: _____

1. Reason for referral: _____

2. Accommodations and interventions attempted: _____

3. Has the student ever been referred, evaluated, and/or received services from special education? Yes No *If yes, please explain: _____

4. Referral action: _____

Name of Section 504 Coordinator (Print)

Signature of Section 504 Coordinator

Date

Tri-County Regional Vocational Technical High School

Section 504 Referral Form

Section 504 of the Rehabilitation Act of 1973 and its implementing regulation of 34 C.F.R. Part 104 (Section 504): Section 504 requires school districts to refer a student for an evaluation for possible services, accommodations, and/or modification to regular education under Section 504 if the student, because of disability, needs or is believed to need such services/ A student is eligible for services under Section 504 as an individual with disability of he or she has: 1) a physical or mental impairment, 2) which substantially limits a major life activity.

Date of Referral: _____	
Student Name: _____	Date of Birth: _____
School: <u>Tri-County R.V.T.H.S.</u>	Grade (Circle choice): 9 10 11 12
Parent(s)/ _____	Telephone (H) _____ (C) _____
Guardian(s): _____	Telephone (H) _____ (C) _____
Person making referral: _____	Position: _____

IDEA Status:

Student has been evaluated by a special education team, and does not qualify for services under IDEA at this time

Student was not previously referred for eligibility under IDEA because no evidence exists as to the presence of a disability as defined by IDEA or the lack of effective progress.

Reason for Referral: The student is suspected of having a physical or mental impairment, which may substantially limit one or more major life activity or the parent requested an evaluation. The student was referred because:

Suspected impairment: _____

Major life activity potentially impacted:

- | | | | | |
|---|--|--|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Caring for oneself | <input type="checkbox"/> Performing manual tasks | <input type="checkbox"/> Walking | <input type="checkbox"/> Seeing | |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Eating | <input type="checkbox"/> Sleeping | <input type="checkbox"/> Standing | <input type="checkbox"/> Lifting |
| <input type="checkbox"/> Bending | <input type="checkbox"/> Speaking | <input type="checkbox"/> Breathing | <input type="checkbox"/> Learning | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Concentrating | <input type="checkbox"/> Thinking | <input type="checkbox"/> Communicating | <input type="checkbox"/> Working | |
| <input type="checkbox"/> Operation of a major bodily function | <input type="checkbox"/> Other: _____ | | | |

For Section 504 Coordinator Use Only:

The student is being referred for Section 504 evaluation and the following evaluations will be conducted: _____

No evaluation is needed at this time for the following reasons: _____

The parent/guardian (or student age 18 or over) was informed that no evaluation was needed and was provided written Notice of Parent and Student Rights under Section 504.

Section 504 Coordinator Signature: _____ Date: _____