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
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.

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:
☐ Caring for oneself ☐ Performing manual tasks ☐ Walking ☐ Seeing
☐ Hearing ☐ Eating ☐ Sleeping ☐ Standing ☐ Lifting
☐ Bending ☐ Speaking ☐ Breathing ☐ Learning ☐ Reading
☐ Concentrating ☐ Thinking ☐ Communicating ☐ Working
☐ Operation of a major bodily function ☐ 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: __________________