**504 FORM A**

**WALWORTH JT. DISTRICT #1**

**REFERRAL FOR SECTION 504 SERVICES**

**(Section 504 of the Rehabilitation Act of 1973)**

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Referral:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB:\_\_\_/\_\_\_\_/\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents)/Guardian(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address(es):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone( s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Home Language: \_\_English \_\_Other/Specify \_\_ Is an interpreter needed? \_\_Yes \_\_No

Person Making Referral:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This Section 504 Referral was discussed with the parents)/guardian(s) on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by: \_\_ phone \_\_\_ conference. A copy of this referral was sent to parent on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name/title) ========================================================================= Definition Section 504 Person with a Disability: I am concerned that this child may have a physical or mental impairment that substantially limits one or more major life activities, such as: (1) caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working; or (2) the operation of a major bodily function such as, functions of the immune system, special sense organs and skin, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, lymphatic, musculoskeletal, and reproductive functions.

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Given the above definition describe, in detail, your concern(s):

Indicate the individuals (titles) and/or groups that you have requested assistance from (e.g., SST, principal, reading consultant, parent, outside agencies, etc.) and the general education strategies/accommodations that have been attempted (use back of form if necessary).

**Individual/Group Accommodations/Strategies Date**

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Date Received Signature: Section 504 Building Coordinator

Copies to: \_\_\_\_\_\_\_ Parent \_\_\_\_\_ Section 504 Building Coordinator \_\_\_\_\_\_\_ Cumulative folder

Date Sent to Parents \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2/12 Referral for Section 504 Services

(504 FORM A)