



# Burlington - Edison Public Schools

Special Program

927 East Fairhaven Avenue Burlington, WA 98233  
(360) 757-3311 Fax (360) 755-9198

## Section 504 – Referral Form

Student: \_\_\_\_\_  
Last First M.I.

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent: \_\_\_\_\_  
Last First M.I.

Age: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Work Cell

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Teachers: \_\_\_\_\_

Referral made by: \_\_\_\_\_ Position: \_\_\_\_\_

### Reason for Referral

Provide information to substantiate concerns(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

### TO BE COMPLETED BY SCHOOL PERSONNEL:

504 Referral Received by:

\_\_\_\_\_  
Name / Role

\_\_\_\_\_  
Date

**PLEASE DIRECT TO SCHOOL COUNSELOR**