

REFERRAL FOR CONSIDERATION OF SECTION 504 ELIGIBILITY
(SECTION 504 OF THE REHABILITATION ACT OF 1973)

Student Name:		School:	
Date of Birth:		Grade:	

I. Statement of Suspected Section 504 Disability:

I am concerned that this student may have physical or mental impairment which substantially limits one or more P D M O R L D I F W L Y L W L Z H V O N L Q J V H H L Q J K H D U L Q J V S H D N L Q R I Q E U V H D W K L Q J V H O I performing manual tasks.

II. Nature of the Concern:

A. Describe the physical or mental impairment which may be substantially limiting a major life activity.

B. Indicate which major life activity(ies) is/are being limited, in your opinion.

Name of person making referral: _____

Title: _____

Signature

Date

Copies to: Parent/Guardian Site Section 504 Coordinator District 504 Coordinator