



Referral Form Section 504 Plan

Section 504 of the Rehabilitation Act of 1973 is designed to eliminate discrimination on the basis of disability in any program or activity receiving Federal financial assistance. Students eligible for assistance are those who:

- 1) have a physical or mental impairment which substantially limits one or more major life activities,
- 2) have a record of such impairments, or
- 3) are regarded as having such impairment.

If your child is currently receiving special education services, a 504 Referral is not necessary. If you feel the student identified qualifies for assistance under Section 504, please complete the following information.

Student: _____ Grade: _____
School: _____ Date: _____
DOB: _____ Sex: F M
Parent(s): _____
Home Phone: _____ Work Phone: _____
Primary Language of the home: English Other:
Name of person submitting referral: _____
Position: _____
Describe the student's suspected handicapping condition: _____

Documentation of the child's handicapping condition has been:

- Enclosed
 Requested from: _____

The student has a physical or handicapping condition, or is regarded as having such, which substantially limits major life activities including but not limited to (*without regard to mitigating measures*):

- | | | | |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> Caring for One's Self | <input type="checkbox"/> Breathing | <input type="checkbox"/> Communicating | <input type="checkbox"/> Digestive |
| <input type="checkbox"/> Performing Manual Tasks | <input type="checkbox"/> Learning | <input type="checkbox"/> Thinking | <input type="checkbox"/> Bowl/Bladder |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Working | <input type="checkbox"/> Immune System | <input type="checkbox"/> Endocrine |
| <input type="checkbox"/> Seeing | <input type="checkbox"/> Reading | <input type="checkbox"/> Neurological | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Standing | <input type="checkbox"/> Circulatory | |
| <input type="checkbox"/> Speaking | <input type="checkbox"/> Concentrating | <input type="checkbox"/> Respiratory | |

Received by Teacher: _____ Received by Section 504