



**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 major life activities: e.g. walking, seeing, hearing, speaking, breathing, learning, working, caring for one’s self, and/or 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:	<input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> Site Section 504 Coordinator	<input type="checkbox"/> District 504 Coordinator	<input type="checkbox"/> Cumulative File
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This document is confidential and may not be shared with third parties without written parental consent unless the disclosure meets one of the exceptions to FERPA’s general consent requirement. (See 34 CFR §§ 99 et seq.)