Section 504 Referral Form (Parent/Guardian/Adult Student)

This form is to be completed by a parent, guardian or adult student that suspects that the student has a disability.

Student's Name: _______________________ Date of Birth: ______________ Grade: ______

Name of Person Completing this Form: ____________________________________

Relationship to Student: _____________________________ Date: ___________________

1. What are the student's strengths?

2. What are your concerns about the student?

3. Does the student have a known physical or mental impairment? ☐ Yes ☐ No
   If yes, please specify and provide supporting documentation: ______________________________
   ____

4. Does the student have special health needs (i.e. allergy, asthma, diabetes, etc.)?
   ☐ Yes ☐ No If yes, please specify and provide supporting documentation:
   ____

5. Please check below any formal supports/services that the student receives outside of school?
   - ☐ Counseling
   - ☐ Tutoring
   - ☐ Medical Intervention
   - ☐ Occupational Therapy
   - ☐ Physical Therapy
   - ☐ Speech Therapy
   - ☐ Tutoring
   - ☐ Psychiatric Intervention
   - ☐ Other:_______________________________

6. Please check below any formal assessments or medical reports that have been completed and provide copies of those documents:
   - ☐ Medical Report
   - ☐ Occupational Therapy Assessment
   - ☐ Physical Therapy Assessment
   - ☐ Psychological Assessment
   - ☐ Educational Assessments
   - ☐ Vision Assessment
   - ☐ Hearing Assessment
   - ☐ Psychiatric Assessment
   - ☐ Speech and Language Assessment
   - ☐ Other:_________________________

Name of Staff Member Receiving Referral: Date of Receipt: