**SECTION 504**

**Referral Form**

|  |  |
| --- | --- |
| Child: | Date: |
| Birth Date: |  |
| School: | Grade: |

1. Suspected/documented disability:

2. Child’s educational needs resulting from the disability:

3. Interventions/strategies/modifications/accommodations that have been found to be effective in addressing the student’s educational needs. (Attach any supporting data.)

Person(s) initiating the referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Submit this form to your building principal and 504 case manager.)*

Building Compliance Officer (Principal): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

District 504 Case Manager : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 504**

**Parent Invitation**

|  |  |
| --- | --- |
| Child: | Date: |
| School: | Grade: |

Dear Parent or Guardian:

A meeting has been scheduled to discuss your child’s educational needs and the accommodations that may be necessary to meet those needs.

The purpose of the meeting is:

 To determine if your child’s needs meet the requirements of Section 504 of the Americans with Disabilities Act (ADA).

 To review your child’s Section 504 Plan.

You are invited to attend your child’s meeting that is scheduled for:

|  |
| --- |
| Time: |
| Date: |
| Place: |

Your attendance at the meeting would be very much appreciated. If you have any questions, or if the meeting time is not convenient for you, please call me.

Sincerely,

**SECTION 504**

**Report**

|  |  |
| --- | --- |
| Child: | Date: |
| Birth Date: |  |
| School: | Grade: |

**For the Section 504 Report**, provide documentation of each of the following:

**1.** Provide evidence that the child is an “individual with a disability” as defined by ADA:

* mental or physical impairment that substantially limits one or more major life activities of such individual
* record or history of such an impairment
* regarded by others as having such an impairment

Note: Mitigating measures (with the exception of ordinary contacts and eye glasses) may not be taken into consideration.

**2.** Identify the major life activities that are impacted by the impairment:

|  |  |  |
| --- | --- | --- |
| * caring for one’s self
 | * performing manual tasks
 | * walking
 |
| * seeing
 | * hearing
 | * eating
 |
| * sleeping
 | * standing
 | * lifting
 |
| * bending
 | * speaking
 | * breathing
 |
| * learning
 | * reading
 | * concentrating
 |
| * thinking
 | * communicating
 | * working
 |
| * use of major bodily functions (e.g., functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions)
 |

**3.** Provide evidence that the impairment “substantially limits” the child’s participation in education with an actual or expected duration of more than 6 months. For conditions that are episodic or in remission, the child may qualify if the impairment would substantially limit a major life activity when active.

**SECTION 504**

**Plan**

|  |  |
| --- | --- |
| Child: | Date: |
| Birth Date: |  |
| School: | Grade: |

**For the 504 Plan**, list the specific accommodations needed in the educational setting:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Who is responsible? \_\_\_\_ Educator \_\_\_\_ Parent \_\_\_\_ Student

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Who is responsible? \_\_\_\_ Educator \_\_\_\_ Parent \_\_\_\_ Student

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Who is responsible? \_\_\_\_ Educator \_\_\_\_ Parent \_\_\_\_ Student

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Who is responsible? \_\_\_\_ Educator \_\_\_\_ Parent \_\_\_\_ Student

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Who is responsible? \_\_\_\_ Educator \_\_\_\_ Parent \_\_\_\_ Student

**SECTION 504**

**Testing Page**

Statewide and District Wide Testing

(Complete if 504 disability requires)

|  |  |
| --- | --- |
| Student name: | Date: |
| School: | Grade (when taking test): |

**OAA/OGT Assessments**

|  |  |  |  |
| --- | --- | --- | --- |
| Area | Grade Level of Assessment | Takes test without 504 accommodations | Will take test with 504 accommodations |
| Reading |  |  |  |
| Writing |  |  |  |
| Math |  |  |  |
| Science |  |  |  |
| Social Studies |  |  |  |
| Other |  |  |  |

**Classroom Assessments**

|  |  |  |  |
| --- | --- | --- | --- |
| Area | Grade Level of Assessment | Takes test without 504 accommodations | Will take test with 504 accommodations |
| Reading |  |  |  |
| Writing |  |  |  |
| Math |  |  |  |
| Science |  |  |  |
| Social Studies |  |  |  |
| Other |  |  |  |

SG – Small Group QR – Questions Read SC – Spell Checker

ET – Extra Time DR – Directions Read Ca – Calculator

EB – Extra Breaks DC – Directions Clarified TR – Tests Read

MM – Math ManipulativeS – ScribeWP – Word Processor

**SECTION 504**

**Report**

|  |
| --- |
| **Section 504 Eligibility Determination**The student (does/does not) meet the three criteria (listed on 504 report) as a student with a disability under Section 504.The student (does/does not) require specialized accommodations as a student with a disability under Section 504. If the student requires accommodations, proceed with a 504 Plan.  |

**Signatures/Date Titles of Attendees Agree (yes or no)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

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If student does qualify as stated above for Section 504 accommodations:

Parent Consent: I give permission for the 504 Plan to be implemented for my child.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *parent signature date*

Distribute copies to:

|  |  |  |
| --- | --- | --- |
| * ALL School Personnel working with the child
 | * Parent/Guardian
* 504 Case Manager
 | * Student’s Cumulative File
 |
|  |  |  |