SUSPECTED SECTION 504 DISABILITY REFERRAL FORM

Student Date Disability Suspected

School 504 Evaluation Team Meeting will take place before

Parent (date must be within 90 days of suspected disability)

Address

1. **Statement of Suspected Section 504 Disability**

Please complete this form if you suspect that this student may have a physical or mental impairment that substantially limits one or more major life activities. (See below).

1. **Nature of the Concern (attach additional sheets if necessary).**
2. Check the suspected physical or mental impairment and state any evaluative/data source supporting the diagnosis.

o Asthma o Attention Deficit Disorder/ADHD o Brain Injury

o Cancer o Cerebral Palsy o Developmental Aphasia

o Diabetes o Dyslexia o Emergent Allergy

o Emotional Illness o Epilepsy o Hearing Impairment

o Heart Disease o Minimal Brain Dysfunction o Multiple Sclerosis

o Muscular Dystrophy o Orthopedic Impairment o Recovering Chemically

o Seizures o Speech Impairment Dependent

o Visual Impairment o Other:

1. Identify any major life activity(ies) that are limited. (Note: This list is not exhaustive).

o Bending o Breathing o Caring for one’s self

o Communicating o Concentrating o Eating

o Hearing o Learning o Lifting

o Performing manual tasks o Reading o Seeing

o Sleeping o Speaking o Standing

o Thinking o Walking o Working

o Other

1. Identify any major bodily functions that are limited. (Note: This list is not exhaustive.)

o Bladder o Bowel o Brain

o Circulatory/ o Digestive System o Endocrine System

Cardiovascular System o Immune System o Neurological System

o Normal Cell Growth o Reproduction o Respiratory System

o Other

1. Indicate how the any major life activity(ies) and/or major bodily function(s) (is)(are) substantially limited.

1. **To date, what accommodations/modifications/interventions or special provisions have been made to assist the student?**

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Signature of Person Making Referral Relationship to Student Date

The signature of the principal receiving this Referral documents that a copy of this form and the Notice of Section 504/ADA Procedural Information and Rights have been given or sent to the parent or guardian.

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Principal’s Signature Date Received