



Section 504 Referral for Evaluation

Utility of Form – to be used as a referral form when an evaluation is being requested

Student: _____ Date: _____

School: _____ Date of Birth: _____

Teacher: _____ Grade: _____

Parent/Guardian: _____ Phone: _____

Address: _____

Referred by: _____ Position: _____

1. Reason for referral to evaluate:

2. Accommodations and interventions attempted and how long, if any:

3. Has the student ever been referred, evaluated, and/or received services from special education?

Yes No

If yes, explain:

4. Referral action:

Signature of Section 504 Coordinator

Date