

HADDON HEIGHTS SCHOOL DISTRICT

INITIAL DATE: _____

REVIEW/UPDATE: _____

SECTION 504 REFERRAL
SUBMIT TO YOUR BUILDING PRINCIPAL

School Year: _____

1. General Information

Student: _____

Grade: _____

School: _____

Teacher: _____

Counselor: _____

Principal: _____

Birthdate: _____

Phone: _____

Parent/Guardian: _____

Address: _____

Date of Referral: _____

2. Referral

Is there a disability/handicap present that substantially limits one or more major life activities (Please provide any substantiating medical evaluations, reports, etc.)?

Yes No If yes, which major life activity is limited? (check all that apply)

- communications
- reading
- standing
- caring for oneself
- hearing
- learning

- thinking
- eating
- lifting
- walking
- speaking
- working

- concentration
- sleeping
- bending
- seeing
- breathing
- other (describe) _____

Describe the nature of the concern (be specific). _____

What 504 services (accommodation, modifications, supports) are you seeking?

Describe how the disability/handicap affects a major life activity (Provide any supporting documentation, when available).

Strategies Implemented to Date: _____

Results of the Strategies Implemented: _____

Explanation: A 504 Evaluation can be at a minimum a meeting reviewing all available information, as well as determining what additional information may be needed to make a determination.

Signature (Person making referral): _____

Relationship to child: _____

Below for Official Use Only

Evaluation required? Yes No

If Evaluation required, schedule a 504-evaluation meeting and provide the following items to the parent(s)/guardian(s).

- | | Date Sent | Sent By |
|--|-----------|---------|
| <ul style="list-style-type: none"> • Notice of Section 504 Meeting
(Include: Parent Rights under Sect. 504, Section 504 Information Sheet, Parent Acknowledgement Form) | _____ | _____ |

Date of Evaluation Meeting: _____ Time: _____

Location of Meeting: _____

- Reason for Meeting:
- Initial
 - Periodic Reevaluation
 - Reevaluation before a significant change in placement