

Student ID. No: _____

Jefferson County Public Schools



Section 504 Referral Form

Student Information:

Student's Name: _____ School: _____

Date of Birth: _____ Grade: _____ Age: _____

Current Teacher: _____ Previous school of Attendance: _____

Parent Information:

Name: _____ Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Statement of Concern:

Describe, as specifically as possible, the nature of your concerns:

Has the student previously been referred or evaluated for special education services under IDEA? If "yes", explain the response to the referral, the status of the referral, and/or the eligibility results of the evaluation.

Does the student have a School Health Plan on file? Yes No

Describe any health condition(s), which may substantially limit the student's learning or access to school activities.

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Section 504 Referral Form (cont.)

Student's Classroom Performance Student (if applicable)

Has the student been retained? If yes, please indicate the grade(s) of retention.

Yes No Grade(s): _____

Is the student receiving passing grades in all subject areas? If no, which subject(s) is the student currently failing?

Regular Education Interventions(If applicable):

Describe any educational modifications/alternative strategies used with this student.

What were the results of these strategies?

Response to this Referral:

Yes No Referred for a Section 504 evaluation?

If the response to the referral indicates that the **student was not referred** for an evaluation, please **provide an explanation below.**

Referred by: _____ Date: _____

Referral received by: _____ Date: _____