

CAMPBELL COUNTY SCHOOLS

SECTION 504 STUDENT REFERRAL FORM

Complete Relevant Sections

Referral Date:

Referred by:

School:

Grade:

Teacher:

Last School Attended:

Student's Name:

Age:

Date of Birth:

Parent(s):

Address:

Phone Numbers:

Home:

Cell:

Office:

I. Has student been previously evaluated for special education services under IDEA?

Yes

No

II. Health Problems (if applicable):

Student has special health care needs (medication, allergy, etc.) during school or school activities.

- Yes
- No

Is the student currently on medication?

- Yes
- No

III. Have health professional reports been requested/provided?

- Yes
- No

IV. Program Participation:

Current or in near future extracurricular participation (if applicable):

Current Student Education Program (if relevant):

- Regular Class (attach student schedule)
- Nongraded Primary
- Chapter 1
- Regular School Vocational Program
- Other:

V. Academic Characteristics (if applicable): Estimate the student's performance grade level.

Student Classroom Performance Summary (if applicable):

Student has been retained:

- Yes
- No

If yes, the student was retained in grade:

Testing Data (if applicable): Attach a copy of the student's most recent achievement/aptitude test, state required assessment (if appropriate), and classroom subject matter test results.

Describe Concern:

VI. Performance Compared to Most Students:

Student is currently performing at the level or at a higher level than most students his/her age in the general population in all subject areas.

- Yes
- No

Student is currently performing below the level of most students his/her age in the general population in the subject areas of:

- Yes
- No

Explain:

VII. Behavioral Concerns

VIII. Attendance Problems:

IX: Specific Reasons for Referral

Student may have a disability that may require accommodation and/or program modification. The areas of concern which need further evaluation are identified below.

- Physical Health
- Mental Health
- Behavioral
- Social/Emotional
- Vision
- Hearing
- Academic
- Developmental
- Speech/Language
- Other:

Summarize why a Section 504 evaluation might be needed.

X. Concerns for discussion at Section 504 referral meeting.

Parent sent/given Parent Rights Statement

- Yes
- No

Referred by:

Date: