

Section 504 Referral Form

Student Name: _____	Grade: _____	Date: _____
Student ID #: _____	Birth Date: _____	
Address: _____	City/State/Zip: _____	
Parent(s)/Guardian Name(s): _____		
Home Phone: _____	Work Phone: _____	
Building 504 Coordinator: _____	Phone: _____	

Section 504 of the Rehabilitation Act of 1973 is designed to prohibit discrimination based on disability in any program or activity receiving federal funding. This statute obligates public schools to provide equal access and equal opportunity to qualified persons with disabilities. For a student to be eligible for a 504 plan, the student must meet all three of the following criteria and, because of his/her disability, must need accommodations to gain equal access to and/or benefit from school programs and services.

- A physical or mental impairment
- That **substantially** limits
- One or more major life activities

The publication, *A Guide to Section 504 Of the Rehabilitation Act of 1973*, is a resource available to parents through their school.

If you believe that a student may be eligible for Section 504 support, please complete and sign the following section and submit it to your school's 504 coordinator.

Please describe the student concern and how it matches the above criteria.

Signature of person requesting Section 504 review

Date