

# Island City Academy

## Section 504 Referral Form

### Demographic Information:

Date of Referral for 504 Considerations: \_\_\_\_\_ Referred by: \_\_\_\_\_

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Age \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone(H) \_\_\_\_\_ (W) \_\_\_\_\_

Address: \_\_\_\_\_

### Reasons for Referral: (Please check all areas of concern)

<input type="checkbox"/> Reading Comprehension	<input type="checkbox"/> Math Applications	<input type="checkbox"/> Test Anxiety
<input type="checkbox"/> Reading Decoding	<input type="checkbox"/> Fine Motor Skills	<input type="checkbox"/> Study Skills
<input type="checkbox"/> Written Expression	<input type="checkbox"/> Gross Motor Skills	<input type="checkbox"/> Organizational Skills
<input type="checkbox"/> Behavioral Difficulties	<input type="checkbox"/> Assistive Technology	<input type="checkbox"/> Medical Concerns
<input type="checkbox"/> Attention Span	<input type="checkbox"/> Speech/Language	<input type="checkbox"/> Attendance
<input type="checkbox"/> Math Calculations	<input type="checkbox"/> Vision	<input type="checkbox"/> Other (list)
	<input type="checkbox"/> Hearing	

### Previous supports and services:

(please check all that apply)

Previous RTI Process       Previous 504 Plan       Previous IEP       None

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### FOR School USE ONLY:

**Upon receipt of the referral, the 504 Coordinator will obtain from the parent/guardian, teacher and other necessary members of the Section 504 Team data that includes, but not necessarily limited to:**

<input type="checkbox"/> Parent Input Form	<input type="checkbox"/> Teacher Input Form	<input type="checkbox"/> Medical Records	<input type="checkbox"/> Grade Reports	<input type="checkbox"/> Other
<input type="checkbox"/> Attendance Records	<input type="checkbox"/> Discipline Records	<input type="checkbox"/> Prior Testing and standardized scores	<input type="checkbox"/> Student Input Form	

**The above data being collected to be used at the Section 504 Initial Evaluation for Eligibility Consideration Meeting. The 504 Coordinator will send home the Parent Notice for Consideration of Section 504 Protections upon receipt of the Section 504 Referral and will schedule a meeting with the Section 504 Team.**

Signature of 504 Coordinator \_\_\_\_\_ Date Section 540 Meeting Set \_\_\_\_\_