

## Referral for Section 504

Name of Student \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Person making Referral \_\_\_\_\_ Position \_\_\_\_\_

Reason for Referral \_\_\_\_\_

\_\_\_\_\_

Please print the following reports for this student from INow:

- Attendance Record
- Grades for current school year or at least the last two (2) 9 weeks
- Disciplinary information

Please copy from this student's permanent record or files:

- TCAP/End of Course Scores
- If TCAP/End of Course Scores are unavailable, please send any universal screener results

Academic Characteristics: (Estimate the student's grade level)

\_\_\_\_\_ Oral Reading

\_\_\_\_\_ Spelling

\_\_\_\_\_ Reading Comprehension

\_\_\_\_\_ Math Calculation

\_\_\_\_\_ Basic Reading Skills

\_\_\_\_\_ Math Reasoning

\_\_\_\_\_ Written Expression

\_\_\_\_\_ Writes Legibly

Comments: