

SECTION 504 REFERRAL

A. PERSONAL INFORMATION

Student: _____

Date of Birth: _____

Parents: _____

Phone: _____

Address: _____

School: _____

Teacher: _____

Grade: _____

B. REFERRAL INFORMATION

a. General Education Interventions: (documentation attached)

b. Reason for Referral:

Referral Made By

Date

504 Building Coordinator

Date

PARENT NOTICE OF SECTION 504 REFERRAL

Date:

Dear _____:
(parent)

A section 504 Referral (attached) has been initiated for your son/daughter. This correspondence serves as notification that I would like to gather information from a variety of sources in an effort to help _____. I would like to meet with you on:

Time: _____

Date: _____

Place: _____

I anticipate that the referring teacher(s) will join us. The purpose of this meeting will be to:

1. discuss the referral;
2. consider the information needed (testing may be necessary);
3. gain a release of information, if necessary;
4. gain permission to test, if necessary; and
5. explain your rights and options.

In the meantime, I would appreciate a call from you if this meeting time is not convenient, or if you have any questions in this regard.

Thank you.

Sincerely,

**PARENT NOTICE
PERMISSION FOR SECTION 504 ASSESSMENT**

STUDENT NAME: _____

D.O.B: _____ AGE: _____ TELEPHONE: _____

ADDRESS: _____

SCHOOL: _____ GRADE: _____

1. Notice:

a. A referral for a 504 assessment has been initiated to determine the cause, extent, or possible remediation for a suspected physical or mental impairment. The reasons for this referral are:

b. Proposed Assessment/Method(s)/Personnel:

Assessment Area	Method(s)	Personnel
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Permission:

The assessment will be conducted within forty (40) instructional days of parent permission (which begins the date the signed form is received by the 504 Coordinator). A 504 Conference will be held to discuss the assessment and any educational program recommendations. I understand the reasons for the referral and the description of the assessment process and have checked the appropriate box below.

Permission is given to conduct the assessment process as described.

Permission is denied.

3. Rights and Options:

I have received a verbal and written copy of the *Notice of Parent/Student Rights in Identification, Evaluation, and Placement of Individuals with Disabilities*.

Parent/Guardian's Signature

Date

504 Coordinator

Date

NOTICE OF SECTION 504 CONFERENCE

To the parents/guardian of: _____

From:

Date:

This is to confirm our previous contact with you to establish the Case Conference Committee meeting. The meeting was mutually agreed by the school and parents to be held on:

DATE _____ TIME _____ LOCATION _____

The purpose of this meeting is to discuss:

- Initial Assessment
- Re-evaluation Assessment
- Section 504 Review/Revision
- Annual Section 504 Review
- Move in
- Causal Relationship
- Other (specify) _____

The information/data to be discussed includes:

- Teacher/Pathologist comments and/or evaluation results
- Educational assessment results
- Assessment/observation by special staff
- Medical assessment/information
- School records
- Other

The expected participants are:

- Building Representative _____
- General Education Teacher _____
- Parent/Guardian _____
- Student _____
- Assessment Team Member _____
- School Nurse _____
- Specialists _____
- Other Participants _____

The 504 Coordinator is to be: _____

You may be accompanied by an individual of your choice, including your child, and/or request the school have additional persons present.

If you will be bringing additional people to the conference, please notify the school so that appropriate room will be available.

Written Notice was provided to parent: by mail by student in person other: (List)

