Section 504 Screening & Referral Form

Student Name		Date of Birth
Date:	School & Grade:	
Parents/Guardians:		Phone
Parents/Guardians Address:		

I. Current Student Educational Program

☐ Regular Class (Student Schedule Attached) ☐ Yes ☐ No

☐ Supplementary Services____

☐ Other____

Primary Language of Home: ☐ English ☐ Other:___________________

II. Specific Reasons for Referral

______________________________ may have a disability that may require program modification. The areas of concern which need further evaluation are identified below:
(Student Name)

☐ Academic ☐ Developmental ☐ Behavioral
☐ Hearing ☐ Social/Emotional ☐ Physical
☐ Health ☐ Speech/Language ☐ Vision
☐ Other:_____________________________________

III. Specific Interventions Prior to Referral

Dates	Implemented By	Intervention	Results of Intervention
1)			
2)			
3)			
4)			

Check areas of concern:

A. Grades
- ☐ Pass classes
- ☐ Lower grades/lower achievement
- ☐ Falls behind in classwork
- ☐ Lack of motivation, apathy

B. School Attendance
- ☐ Attends school regularly
- ☐ Absenteeism
- ☐ Tardies

C. Extra Curricular Activities
- ☐ Participating in ___________________
- ☐ Loss of eligibility
- ☐ Decreasing involvement
- ☐ Dropped out

D. Physical Symptoms
- ☐ Good physical health
- ☐ Physical complaints
- ☐ Vomiting
- ☐ Obesity
- ☐ Coordination
- ☐ Physical injuries
- ☐ Chronic health condition____________
- ☐ Other___________________________

E. Behavior
- ☐ No behavior problems
- ☐ Talking freely about drug/alcohol use
- ☐ Avoiding contact with others
- ☐ Slurred speech
- ☐ Bad hygiene
- ☐ Sleeps in class
- ☐ Time disoriented
- ☐ Inappropriate responses/behavior
- ☐ Inappropriate touching

E. Behavior (con't)
- ☐ Withdrawn/loner
- ☐ Erratic behavior change as viewed on a day-to-day basis
- ☐ Defiance of rules/constant discipline problem
- ☐ Cheating
- ☐ Irresponsibility/blaming/denying
- ☐ Verbal/physical abuse to others
- ☐ Throwing objects
- ☐ Obscene language/gestures
- ☐ Dramatic attention getting
- ☐ Crying
- ☐ Extreme negativism
- ☐ Hyperactivity, nervousness
- ☐ Involvement with law
- ☐ Sell drugs/exchange of money
- ☐ Possession of alcohol/drug paraphernalia
- ☐ Involvement in thefts/assaults
- ☐ Vandalism
- ☐ Carry weapons
- ☐ Smoking
- ☐ Other___________________________

F. Check if any knowledge of:
- ☐ Previous special education eligibility
- ☐ Involvement with outside agency

Comments:

IV. Final Determination for Referral

- ☐ Referred for health care needs.
- ☐ Referred for educational evaluation in the areas of suspected disability of:

____

- ☐ Other (please specify):____

____

Suggested areas of evaluation:

☐ Physical Education	☐ Medical/Health	☐ Intelligence
☐ Vision/Hearing	☐ Social/Emotional	☐ Behavioral
☐ Speech/Language	☐ Academic Achievement	

Signature of Student Study Team Chair: Date: