

**JORDAN SCHOOL DISTRICT
REFERRAL FOR 504 ASSISTANCE**

Section 504 of the Rehabilitation Act of 1973 is designed to eliminate discrimination on the basis of handicap in any program or activity receiving Federal financial assistance. Students eligible for 504 assistance are those who 1) have a physical or mental impairment which substantially limits one or more major life activities, 2) have a record of such impairment, or 3) are regarded as having such an impairment. If you feel the student identified qualifies for assistance under Section 504, please complete the following information.

Student's Name _____ Grade _____ Date _____

School _____ Birthdate _____ Track ____ Sex: ____ M ____ F

Parent(s) _____

Home Phone _____ Work Phone _____

Name of Person Submitting Referral _____

Position _____

Describe the student's need or area of concern:

Special Education Disclaimers:

_____ The student will be referred for special education evaluation.

_____ No referral to special education is necessary. The student's needs can be accommodated in the regular education program.

_____ The student has been evaluated by the special education team and does not qualify for special education services.

_____ The student has received special education services in the past, but no longer requires special education. Please check services provided:

- | | |
|------------------------------|--|
| _____ Resource | _____ Occupational Therapy |
| _____ School Psychologist | _____ Physical Therapy |
| _____ Speech-Language | _____ Itinerant Services for the Visually Impaired |
| _____ Self-Contained Cluster | _____ Itinerant Services for the Hearing Impaired |
| _____ Special School Setting | _____ Interpreter |
| _____ Other _____ | |

The student is suspected of having a physical or mental impairment, has a record of such impairment or is regarded as having such impairment, which substantially limits one or more of the following major life activities:

- | | | | |
|--------------------------|-------------------------|--------------------------|-------------|
| <input type="checkbox"/> | Caring for one's self | <input type="checkbox"/> | Speaking |
| <input type="checkbox"/> | Performing manual tasks | <input type="checkbox"/> | Breathing |
| <input type="checkbox"/> | Walking | <input type="checkbox"/> | Learning |
| <input type="checkbox"/> | Seeing | <input type="checkbox"/> | Working |
| <input type="checkbox"/> | Hearing | <input type="checkbox"/> | Other _____ |

Action Taken:

- The student will be evaluated for possible 504 accommodation.
- No further evaluation at this time.
- Other _____

Evaluation Assignments (if applicable):

Additional Comments:

Principal's Signature

Date