



Section 504 School Referral Form

Department of Special Education and Student Services
HOWARD COUNTY PUBLIC SCHOOL SYSTEM
Ellicott City, MD 21042

For Office Use Only
Date Received
____/____/____

Referral Date: ____/____/____

Student Name: _____	Date of Birth: ____/____/____	Grade: _____
School: _____	Student ID #: _____	
School-based Section 504 Coordinator: _____		

Referral Source:

- Teacher
 Counselor
 Nurse
 School-Based Problem Solving Team*
 IEP Team*
 Other

*ATTACH STUDENT INFORMATION

The purpose of a referral to the Section 504 team is to begin the process to assist students with a suspected disability, which is defined by law under Section 504 as:

1. Substantially limiting one or more major life activities or major bodily functions;
2. Having a record of such impairment; or
3. Regarding as having such impairment.

The Section 504 team makes the decision to determine whether a student has a physical or mental impairment that substantially limits a major life activity or a major bodily function that meets the criteria for eligibility under Section 504.

CHECK ALL THAT APPLY:

- Medical/Physical
 Academic
 Behavioral/Emotional

ANSWER ALL OF THE FOLLOWING QUESTIONS:

1. What is your concern about this student that gives you a reason to believe the student has a mental or physical impairment?
2. What does this <i>concern</i> look like in the educational setting? How does it manifest in the classroom or on school grounds (i.e. ADHD – student has difficulty paying attention in class)?

Distribution: Parent/Guardian
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3. What evidence is there to support this concern? **Attach documentation**, including, but not limited to, medical reports, disciplinary information, etc.

4. What has been done in the past or is currently being done to support this student regarding this *concern*?

5. Share any additional information.

Name of individual making this referral: _____ Title: _____

PROVIDE THIS COMPLETED FORM TO YOUR SCHOOL'S SECTION 504 COORDINATOR.

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June 2014

Page 2 of 2