



# Section 504 Parent Referral Form

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

<b>For Office Use Only</b>
Date Received
/ /

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Name: _____	Date of Birth: ____/____/____	Grade: _____
School: _____		

Dear Parent/Guardian,

You requested that your child be referred to the Section 504 team. For your convenience you may complete this form and return it to your child's guidance counselor. Any other form of written referral will also be accepted. Once your written referral is received, a Section 504 team meeting will be schedule for your child. Parents/Guardians will be invited to attend.

### What is Section 504?

Section 504 of the Rehabilitation Act of 1973 is a federal law that protects the civil rights of individuals with disabilities. The Act prohibits any organization that receives federal funds from discriminating against otherwise qualified individuals because of disability. The Howard County Public School System's elementary and secondary programs and activities are subject to the provisions of Section 504. A student should be considered for eligibility for a Section 504 plan if he/she has a physical or mental impairment that may substantially limit one or more major life activities.

### Section I.

Check any area(s) of concern for your child:

<input type="checkbox"/> Learning	<input type="checkbox"/> Speaking	<input type="checkbox"/> Major Bodily Functions
<input type="checkbox"/> Reading	<input type="checkbox"/> Seeing	<input type="checkbox"/> Caring for Oneself
<input type="checkbox"/> Mathematics	<input type="checkbox"/> Hearing	<input type="checkbox"/> Performing Manual Tasks
<input type="checkbox"/> Thinking	<input type="checkbox"/> Breathing	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Concentrating	<input type="checkbox"/> Eating	
<input type="checkbox"/> Walking	<input type="checkbox"/> Sleeping	

### Section II.

Describe your concerns as compared to the average student in the general population. Please attach any report(s) from your child's physician, therapist, etc. you wish the 504 team to consider.

**Additional space on Page 2**

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## Section II. cont'd

## Section III.

Is your child making progress in the grade level general education curriculum?  Yes  No

## Section IV.

Completed by \_\_\_\_\_  
Print/Type Name Relationship to Child

Signature \_\_\_\_\_