

# Kentucky Public School District Section 504 Student Referral Form

(Complete Relevant Sections)

District Name:

Referral Date:

Referred by:

School:

Grade:

Teacher:

Last School Attended:

Student's Name:

Age:

Date of Birth:

Parent(s):

Address:

Phone Numbers:

Home:

Cell:

Office:

I. Has student been previously evaluated for special education services under IDEA?

Yes

No

II. Health Problems (if applicable)

Student has special health care needs (medication, allergy, etc.) during school or school activities.

Yes

No

Is the student currently on medication?

Yes

No

III. Have health professional reports been requested/provided?

Yes

No

IV. Program Participation:

Current or in near future extracurricular participation (if applicable)

Current Student Education Program (if relevant):

Regular Class (attach student schedule)

Nongraded Primary

Chapter 1

Regular School Vocational Program

Other: \_\_\_\_\_

V. Academic Characteristics (if applicable): Estimate the student's performance grade level.

Student Classroom Performance Summary (if applicable)

Student has been retained:

Yes

No

If yes, the student was retained in grade:

Testing Data (if applicable): Attach a copy of the student's most recent achievement/aptitude test, state required assessment (if appropriate), and classroom subject matter test results.

Describe Concern

#### VI. Performance Compared to Most Students:

Student is currently performing at the level or at a higher level than most students his/her age in the general population in all subject areas.

Yes

No

Student is currently performing below the level of most students his/her age in the general population in the subject areas of:

Yes

No

Explain:

#### VII. Behavioral Concerns

## VIII. Attendance Problems:

## IX. Specific Reasons for Referral

Student may have a disability that may require accommodation and/or program modification. The areas of concern which need further evaluation are identified below.

Physical Health

Mental Health

Behavioral

Social/Emotional

Vision

Hearing

Academic

Developmental

Speech/Language

Other

Summarize why a Section 504 evaluation might be needed.

X. Concerns for discussion at Section 504 referral meeting

Parent sent/given Parent Rights Statement

Yes

No

Referred by:

Date: