

REFERRAL FOR SECTION 504

Name of Student _____ Birth Date _____

School _____ Grade _____

Person Initiating Referral _____ Position _____ Date _____

Reason for Referral: _____

Attendance: Days Present _____ Days Absent _____

Current Grades:

<i>Subject</i>	<i>Grade</i>	<i>Subject</i>	<i>Grade</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Testing Data: Attach a copy of the student’s most recent achievement/aptitude test, TCAP (if appropriate), and classroom subject matter test results.

Academic Characteristics: Estimate the student’s grade level.

- | | |
|-----------------------------|------------------------|
| _____ Oral Reading | _____ Spelling |
| _____ Reading Comprehensive | _____ Math Calculation |
| _____ Basic Reading Skills | _____ Math Reasoning |
| _____ Written Expression | _____ Writes Legibly |

Comments: