

COMMUNITY UNIT SCHOOL DISTRICT NO. 1

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www.coalcity.k12.il.us

Building Administration

MITCHELL HAMANN, Principal
High School 815-634-2396
TRAVIS JOHNSON, Principal
Middle School 815-634-5039
TRACY CARLSON, Principal
Intermediate School 815-634-2182
CHRISTOPHER SPENCER, Principal
Elementary School 815-634-2334
CHRISTOPHER SPENCER, Principal
Early Childhood Center 815-634-5042

District Phone: 815-634-2287
District Fax: 815-634-8775

SECTION 504 PLAN REFERRAL

1. General Information

Student Full Name _____ Birth Date ____/____/____

Today's Date ____/____/____

Address _____ City _____ State _____ Zip _____

Parent(s) Name(s) _____

Home Phone (____) _____ Work Phone (____) _____

504 Coordinator/Responsible Staff Member _____

Phone (____) _____

2. Referral

1. Is the student suspected of having a physical or mental impairment which substantially limits one or more major life activities? Or, does the student have a record of such impairment? Or, is the student regarded as having such an impairment?

Yes No If yes, which major life activity is limited? (check one or more as appropriate)

caring for self

speaking

standing

hearing

sleeping

reading

eating

bending

communicating

lifting

thinking

major bodily function (i.e. immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions)

concentrating

working

learning

seeing

walking

breathing

other (describe) _____

2. Describe the nature of the concern. _____

3. Does student have a current medical diagnosis? Yes No If yes, list here: _____

4. Describe how the disability/handicap affects a major life activity. _____

5. Additional testing required? Yes No Date ____/____/____

Signed _____

(person(s) making referral)

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ADMINISTRATIVE USE ONLY

	Date sent	Sent by
● Notice of Section 504 Conference	_____	_____
● Section 504 Rights/Procedures	_____	_____
● Consent for 504 Evaluation	_____	_____

Date of Section 504 Conference: ____/____/____ Time of Meeting: _____

Location of Meeting: _____

- Reason for Meeting: Initial 504 Evaluation
 Periodic 504 Reevaluation
 504 Reevaluation before significant change in placement