



## Wapato School District 504 Student Referral Form

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Student Address: \_\_\_\_\_ City: Wapato, WA 98951

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_

Parent(s)/Guardian(s) Telephone Number(s): \_\_\_\_\_

Parent(s)/Guardian(s) Email Address(es): \_\_\_\_\_

Legal custody status:     Natural parents     Maternal parent     Paternal parent  
 Ward of court (list court and contact person)     Foster parent (list)  
 Other (list) \_\_\_\_\_

Name of person making referral: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

1. What mental or physical impairment(s) do you believe this student has? Please describe the condition(s) and/or list information confirming the condition(s).
2. Please describe how you think this mental or physical impairment is impacting this student.
3. What things do you think are needed to assist this student in being able to benefit from his or her educational experience because of a mental or physical impairment?
4. Please share any other information that you believe is relevant in determining if this student should be evaluated for eligibility under Section 504?

5. List any educationally relevant medical information below.

None

Has student received special education?  Yes  No

If yes, list program(s)

Type of referral:  Initial  Re-evaluation  Other

Have the parents/guardians been contacted regarding the student's learning/behavior difficulties?

Yes  No

If yes, list their efforts to assist in the remediation of the difficulties:

If you believe that a student may be eligible for Section 504 support please complete and sign this form and submit it to your school's principal or building 504 coordinator.

\_\_\_\_\_  
Signature

Date\_\_\_\_\_

Make copies for: school. Parent/guardian and 504 Coordinator