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WASHINGTON TOWNSHIP PUBLIC SCHOOLS

REFERRAL FOR SECTION 504 ASSISTANCE

Date:

Name of Referring Individual:

Student Name:

Grade:

I believe, _____, presently a student at _____ **School** should be evaluated to be determined eligible under Section 504. My reason for believing that reasonable accommodations should be offered under a Section 504 Plan are as follows:

I believe the following reasonable accommodations may be considered in order to afford reasonable access:

A copy of all relevant medical, educational, behavioral, and/or psychological records is or is not enclosed.

Please answer the following questions to the best of your ability:

1. Has the student been evaluated by the Child Study Team? _____ Yes _____ No

a. If evaluated by the Child Study Team, what were the results of the evaluation?

b. If the student has received special education services in the past, please describe the services provided:

c. If the student has been determined no longer eligible for special education in the past, when was this determination made?

Parent Signature

Date

Return this form to the Section 504 School Coordinator

Office Use Only: Date Received _____ Initials _____