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**WASHINGTON TOWNSHIP PUBLIC SCHOOLS**  
**REFERRAL FOR SECTION 504 ASSISTANCE**

Student Name:

Date:

School:

Grade:

Student ID:

Parent Name:

School Counselor:

I believe my child should be evaluated to be determined eligible under Section 504. My reasons 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 enclosed.  Yes  No

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

1. Has the student been evaluated by the Child Study Team?  Yes  No
2. If evaluated by the Child Study Team, what were the results of the evaluation?
3. If the student has received special education services in the past, please describe the services provided:
4. If the student has been determined no longer eligible for special education in the past, when was this determination made?

Additional Information:

1. What are some of your child's strengths?
2. Is your child receiving outside services?  
 Yes – Please explain:  
  
 No
3. Please share anything that would be helpful in planning for your child's success at school.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this form to the Section 504 School Coordinator**

**Office Use Only:** Date Received \_\_\_\_\_ Initials \_\_\_\_\_