

Somers Public Schools Section 504 Referral Form

I. Identifying Information

Name: _____ DOB: _____ Age: _____

Date of Referral: _____

Gender: _____ Primary Language: _____

Parent/Guardian: _____

Address: _____

Home Phone: _____ Work Phone: _____

Parent/Guardian: _____

Address: _____

Home Phone: _____ Work Phone: _____

Current School: _____ Grade: _____

Referring Person: _____

II. Background Information

A. Reason for Referral: (Identifying Areas of Concern)

B. Strategies/Interventions to Date: (attach copies of documentation)

C. Pertinent Evaluative Data: (e.g. test scores, grades, evaluations, etc.)

D. Other Relevant Information:

E. Special Services History

Are you aware of any special services that have been provided to this student in the past?

If yes, describe the type, location and provider of the service.

F. Parent Notification:

Has the parent/guardian been notified about your concerns regarding this student? _____

If Yes, method of notification: _____

Date(s) parent/guardian was notified: _____

Signed: _____ Date: _____
(Signature of individual completing this form)