

Section 504 STUDENT REFERRAL
Thief River Falls Public Schools

Referral Date: _____ School: _____

Name of Person Submitting Referral: _____

Student Name: _____ Grade: _____ Date of Birth: _____

Parent(s)/Guardian(s) Name: _____

Address: _____

E-mail Address: _____

Phone Numbers: Work: _____

Home: _____

Cell: _____

Primary language spoken at home: () English () Other: _____

1. Specific reasons for referral

() Academic

() Physical

() Social/Emotional

() Developmental

() Speech/Language

() Hearing

() Behavioral

() Health: _____

() Visual

() Other: _____

() Student was evaluated for an IEP but did not qualify (attach documents to form)

Additional information regarding the student's need or area of concern: _____

2. Current Educational Program

() Regular education

() School Counseling/Intervention

() Tutoring

() Early Intervention

() Title I

() Other: _____

3. Specialized Testing (attach results to form)

- Vision
- Hearing
- Speech/Language
- Developmental
- Psychological/Mental Health
- Other: _____

4. Student classroom summary (attach most recent grade report to form)

- Yes No
- Student receives passing grades in all subject areas
 - Student is currently not passing in the following subject areas:

 - Student has or is expected to receive disciplinary action pertaining to behavior.
Explain: _____
 - Student has special health care needs during school hours.
Explain: _____
 - Other: _____
Explain: _____

5. Interventions prior to referral

Type of Intervention	Implemented By/Date	Results
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Action Taken:

_____ The student will be evaluated for possible 504 plan.
Evaluation assignments: _____

_____ No further evaluation at this time. Explain: _____

7. Parent Contact Log: _____
