

[insert District name]

**Section 504 Referral and Data Collection Form<sup>1</sup>**

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

Teacher(s): \_\_\_\_\_

Referral Initiated By (and Title): \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE COMPLETE THIS FORM AND RETURN TO \_\_\_\_\_  
DUE DATE \_\_\_\_\_

REASON FOR REFERRAL

Suspected Physical or Mental Impairment \_\_\_\_\_

Major Life Activity that is being substantially limited (i.e. learning, self-care, walking, seeing, hearing, speaking, breathing, working, performing manual tasks) \_\_\_\_\_

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GENERAL EDUCATION ALTERNATIVES

What accommodations and/or alternative strategies have been used with this student? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What were the results of these accommodations/alternative strategies?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<sup>1</sup> To be completed by teachers or other individuals with knowledge about the student as part of a Section 504 evaluation

Were there any accommodations/alternative programs that were considered and rejected for this student? If so, describe and give reason.

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OBSERVATIONS

Based on your knowledge and observations, please rate this student’s performance.

Observations	Unsatisfactory			Excellent	
	1	2	3	4	5
Classroom work	1	2	3	4	5
Homework	1	2	3	4	5
Tests	1	2	3	4	5
Reading Performance	1	2	3	4	5
Math Performance	1	2	3	4	5
Written Expression	1	2	3	4	5
Spelling	1	2	3	4	5
Following Oral Directions	1	2	3	4	5
Following Written Directions	1	2	3	4	5
Attendance	1	2	3	4	5
Attention Span	1	2	3	4	5
Organizational Skills	1	2	3	4	5

Check student’s behavioral characteristics that might substantially limit a major life activity.

<input type="checkbox"/>	Shy	<input type="checkbox"/>	Irritable
<input type="checkbox"/>	Moody	<input type="checkbox"/>	Requires constant encouragement
<input type="checkbox"/>	Anxious	<input type="checkbox"/>	Disruptive
<input type="checkbox"/>	Rejected by peers	<input type="checkbox"/>	Distractible
<input type="checkbox"/>	Daydreams	<input type="checkbox"/>	Quarrelsome
<input type="checkbox"/>	Aggressive	<input type="checkbox"/>	Withdrawn

List any medical issues that might substantially limit any of student’s major life activities:

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Other information:

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