

[insert District name]

Section 504 Referral and Data Collection Form¹

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?

¹ 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.

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	Withdrawn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:

Other information:
