

Parent/Guardian/Student/Educational Staff Section 504 Referral Form 2024-2025



This form is intended to initiate the PSD Section 504 referral process. A Section 504 team will review the information provided and determine if a 504 evaluation is warranted. For details about the PSD Section 504 process, see the [PSD Section 504 Family Guidebook](#).

After this form has been completed, submit it to the student's [school 504 team lead or coordinator](#).

Date _____

Student's first name _____

Student's last name _____

Student's grade level _____

Name of person completing this form _____

Relationship to the student _____

Describe the reason for this 504 referral

Is the student receiving passing grades in all subject areas? Yes No

If no, what subject area(s) is the student currently failing?

Is the student's attendance a concern? Yes No

If yes, please explain

Has the student been retained (repeated one or more grade levels)? Yes No

If yes, what grade level(s)? _____

Has the student received disciplinary action for inappropriate behavior? Yes No

If yes, please explain

Does the student have a Health Care Action Plan (HCAP) for the suspected impairment or does the student have a health condition? Yes No

If yes, please explain

Has the student ever been referred, evaluated, and/or received special education services (integrated services)? Yes No

If yes, please explain

Describe any accommodations, modifications, and/or related services you think are necessary

If you would like to provide any other information or have questions about providing reports from outside medical and/or mental health professionals, please contact your student's 504 team lead/coordinator.

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