

Kirtland Local School District

REFERRAL FOR SUSPECTED SECTION 504 DISABILITY

Student Name: _____	DOB: _____
School: _____	Grade: _____
Parent Name(s): _____	
Address: _____	Phone: _____

A. Statement of Suspected Section 504 Disability

I suspect that this student may have a physical or mental impairment that substantially limits one or more major life activities including but not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. Major life activities also include the operation of major bodily functions including but limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproduction functions. **This is not an exhaustive list.**

B. Nature of the Concern (attach additional sheets if necessary).

1. State the suspected physical or mental impairment and any evaluative/data source.

2. Indicate which major life activity(ies) is (are) limited.

3. Describe any interventions or special provisions that have been made to assist the student.

_____	_____	_____
Signature of Person Making Referral	Relationship to Student	Date
_____	_____	
Principal's Signature	Date Received	

Copies to: Parent/Guardian, Parent / Student Rights

504 Folder