



**Baldwin County Public School System
Section 504 of the Rehabilitation Act**

Section 504 Referral
(To be completed by campus personnel referring the student and supplemented by the school's 504 Coordinator or designee. In the case of a parent referral, the parent is only expected to complete the first box of information. Attach additional pages as necessary.)

*Please return this completed form to the local school's Section 504 Coordinator.

Student's Name:		Birthdate:	
Referral Date:		School:	Grade:
Referred by:		Position/Relation to Student:	
Reason for Referral (attach additional pages if necessary):			

Attendance
Is this student enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain):
This school year: Student has been absent ____ days out of ____ school days. Reason(s): _____
Previous school year: Student was absent ____ days out of ____ school days. Reason(s): _____
List schools previously attended: _____

Student Grade Reports							Previous Year(s)			
Current Year Grades							Year: _____		Year: _____	
Subject	1	2	Sem	3	4	Final	Subject	Grade	Subject	Grade

Over time, this student's grades: (check the appropriate box) <input type="checkbox"/> have become higher each year <input type="checkbox"/> stayed about the same each year <input type="checkbox"/> have become lower each year <input type="checkbox"/> dropped suddenly in ____ grade <input type="checkbox"/> data not available

Compared with most of the other students in this school, this student's grades: (check the appropriate box) <input type="checkbox"/> are better <input type="checkbox"/> are about the same <input type="checkbox"/> are worse <input type="checkbox"/> data not available

Has the student ever been retained? <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes , list grade level(s) where retention occurred and reason for retention(s):

Discipline Information		Identify the behaviors exhibited by the student and attach copies of any behavioral plan or contract. (Check all that apply)	
<input type="checkbox"/> Poor attention and concentration	<input type="checkbox"/> Shifts from one uncompleted task to another	<input type="checkbox"/> Often loses things necessary for tasks	<input type="checkbox"/> Interrupts or intrudes on others
<input type="checkbox"/> Excessively high/low activity level	<input type="checkbox"/> Difficulty working with peers	<input type="checkbox"/> Difficulty following directions	<input type="checkbox"/> Difficulty remaining seated
<input type="checkbox"/> Fidgets, squirms, or seems restless	<input type="checkbox"/> Confrontational/assaultive	<input type="checkbox"/> Dress code violations	<input type="checkbox"/> Leaves class without permission
<input type="checkbox"/> Brings inappropriate items to school	<input type="checkbox"/> Other		
In response to these behaviors, what behavior management techniques have been attempted?			
Results of these techniques:			
Has this student been suspended or expelled during the previous or current school year? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , explain and attach copies of all disciplinary referrals, including those that resulted in discipline other than suspension or expulsion.			
Early Intervention and Alternative Programs		What types of efforts have been attempted to meet the student's needs? Attach plans or other documentation. (Check all that apply)	
<input type="checkbox"/> Alternative Learning Setting	<input type="checkbox"/> Title I	<input type="checkbox"/> Summer School	<input type="checkbox"/> Other
<input type="checkbox"/> ESL/Bilingual Ed. Program	<input type="checkbox"/> Tutoring	<input type="checkbox"/> Dyslexia	<input type="checkbox"/> Other
<input type="checkbox"/> Mentoring	<input type="checkbox"/> RTI	<input type="checkbox"/> Gifted & Talented	
Has the student received assistance from the campus' problem solving team? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , please attach plans created for the student and data gathered on student's response.			
List services or programs considered and rejected for this student. Why?			
Has the student ever been special education eligible? <input type="checkbox"/> No <input type="checkbox"/> Yes (Documentation attached)			
Has the student ever been referred to special education? <input type="checkbox"/> No <input type="checkbox"/> Yes (Documentation attached)			
Mitigating Measures		Identify and describe any mitigating measures currently in use or provided for the student's benefit. (Check all that apply)	
<input type="checkbox"/> Medication:			
<input type="checkbox"/> Medical supplies, equipment, or appliances:			
<input type="checkbox"/> Low-vision devices (which do not include ordinary eyeglasses or contact lenses):			
<input type="checkbox"/> Prosthetics including limbs and devices:			
<input type="checkbox"/> Hearing aids and cochlear implants or other implantable hearing devices:			
<input type="checkbox"/> Mobility devices:			
<input type="checkbox"/> Oxygen therapy equipment and supplies:			
<input type="checkbox"/> Assistive technology:			
<input type="checkbox"/> Reasonable accommodations (including early intervention, RTI, differentiated instruction, and informal help from teachers.			
<input type="checkbox"/> Auxillary aids or services (includes health plans, emergency plans):			
<input type="checkbox"/> Learned behavioral or neurological modifications (including dyslexia and remedial instruction):			
<input type="checkbox"/> Identify any mitigating measure checked above that is neither provided by the school nor implemented by the school:			

Evaluation Data from State Assessment								
Scantron Performance Series School Year: Fall _____			Scantron Performance Series School Year: Winter _____			Scantron Performance Series School Year: Spring _____		
Subject	Pass? (Y/N)	Scaled Score	Subject	Pass? (Y/N)	Scaled Score	Subject	Pass? (Y/N)	Scaled Score
Reading/ELA			Reading/ELA			Reading/ELA		
Mathematics			Mathematics			Mathematics		
Science 5 & 7			Science 5 & 7			Science 5 & 7		
RTI Progress Monitoring			RTI Progress Monitoring			RTI Progress Monitoring		
Reading			Reading			Reading		
Math			Math			Math		
Over time, this student's test scores: (Check the appropriate box)								
<input type="checkbox"/> have become better each year <input type="checkbox"/> stayed about the same each year <input type="checkbox"/> have become worse each year <input type="checkbox"/> dropped suddenly in ____ grade <input type="checkbox"/> data not available								
Compared to the mean of the district/campus/classroom, this student's test scores: (Check the appropriate box)								
<input type="checkbox"/> improved each year <input type="checkbox"/> stayed about the same each year <input type="checkbox"/> worsened each year <input type="checkbox"/> Other (explain)								
Health Information Attach information relating to any doctor's order, diagnosis, or evaluation pertaining to disability. (i.e., medical reports, psychological reports, ADD/ADHD diagnostic information, etc.) Person conducting screening: _____								
Does the student exhibit any signs of health or medical problems? <input type="checkbox"/> No <input type="checkbox"/> Yes, observations attached.								
Is the student receiving any medication at school? <input type="checkbox"/> No <input type="checkbox"/> Yes (list medications):								
Does the student require adaptive equipment or facility adaptation? <input type="checkbox"/> No <input type="checkbox"/> Yes, list of needs attached.								
Does the student currently have a health plan? <input type="checkbox"/> No <input type="checkbox"/> Yes, attached is a copy of the health plan.								
Is there need for further assessment of a medical problem? <input type="checkbox"/> No <input type="checkbox"/> Yes If further assessment is necessary, please describe what new data is necessary:								
Does the student have a physical or mental impairment that is episodic? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , please describe the condition, when and how often it is active, and its impact on the student when it is active.								
Does the student have a physical or mental impairment that is in remission? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , please describe the condition, when it was active, at what point it went into remission, and its impact on the student when it was active.								

Vision	Type of screening: _____ Date of screening: _____ <i>(Vision examination must have been administered within a year from the date of the referral)</i>
Visual acuity before correction:	Right _____ Left _____
Visual acuity with correction:	Right _____ Left _____
Interpretation of results:	
Does the student exhibit any known difficulty with near-vision? <input type="checkbox"/> No <input type="checkbox"/> Yes (explain):	
Does the student exhibit any signs of health or medical problems? <input type="checkbox"/> No <input type="checkbox"/> Yes (explain):	
Is there a need for further assessment of a medical problem? <input type="checkbox"/> No <input type="checkbox"/> Yes (explain):	
As a result of the screening, is there any indication of a need for further assessment/adjustment? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , please explain:	
Has any follow-up treatment been recommended? <input type="checkbox"/> No <input type="checkbox"/> Yes (explain): _____	
Hearing	Date of most recent screening: _____ Type of screening: _____
Results:	
Interpretation of results:	
As a result of the screening, is there any indication of a need for further assessment? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , please explain:	
Has any follow-up treatment been recommended? <input type="checkbox"/> No <input type="checkbox"/> Yes (explain):	
Home Language Survey	
1. Identify the language most frequently used in the student's home: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> English and Spanish <input type="checkbox"/> Other: _____	
2. Identify the language most frequently used by the student's parents: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> English and Spanish <input type="checkbox"/> Other: _____	
3. Identify the language most frequently used by the student: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> English and Spanish <input type="checkbox"/> Other: _____	
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_____ Signature of person initiating referral	_____ Date
_____ Signature of school employee receiving referral	_____ Date received by school