

Tucson Unified School District
Section 504 Referral

Interpreter Needed for Parent or Student
Yes No

Demographic Information:

Date of Referral for 504 Considerations _____ Referred by _____

Student _____ DOB _____ Age _____ Student ID# _____

Counselor _____ School _____

Parent Name _____ Phone (H) _____ (W) _____

Address _____ Zip _____

Language of student's home _____ Language of Instruction _____

Date Vision Screening _____ Pass Fail

Date Hearing Screening _____ Pass Fail

Reason for Referral:

(Please check all areas of concern)

- Reading Comprehension
- Reading Decoding
- Written Expression
- Behavioral Difficulties
- Attention Span
- Math Calculation
- Math Application
- Fine Motor Skills
- Gross Motor Skills
- Assistive Technology
- Speech/Language
- Vision
- Hearing
- Test anxiety
- Study Skills
- Organizational skills
- Medical concerns
- Attendance
- Other (list) _____

Previous supports and services:

(Please check all that apply)

- Previous SIT process Previous 504 Plan Previous IEP Previous services for ELL
 Previous Educational Service Plan (Gifted/Talented) Previous Individual Health Care Plan
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FOR DISTRICT USE ONLY:

Upon receipt of the referral, the Campus 504 Coordinator will obtain from the parent/guardian, teachers and other necessary members of the Section 504 Team data that includes, but is not necessarily limited to:

- Parent Input Form Teacher Input Form Medical Records Grade reports
 Other _____ Attendance records Discipline records
 Prior testing & standardized scores Student Input Form

The above data is being collected to be used at the Section 504 Initial Evaluation for Eligibility Considerations Meeting. The Campus 504 Coordinator will send home the Parent Notice for Consideration of Section 504 Protections upon receipt of the Section 504 Referral and will schedule a meeting with the Section 504 Team.

Signature of Counselor _____ **Date Section 504 Meeting Set** _____

In writing By phone In person