

Step 1: Fairfield CSD Section 504 Student Referral

Referral Date:

School:

Teacher's Name:

Student's Name:

Age:

Grade:

DoB:

Suspected Disability:

Parent Notified of Reason for Referral: Yes/No

(Step 2) Date of Notice:

I. Current Student Educational Program

Regular Class (student schedule attached)

ESL

Gifted/Talented

Title I

Counseling/Intervention

Other

Bus Rider

Student Classroom Performance Summary

Y/N Student receives passing grades in all subject areas. If no, the student is currently failing in subject areas.

Y/N Student has been retained. If yes, the student was retained in grade.

Y/N Student has received disciplinary action for inappropriate behavior. If yes, please explain.

Y/N Student has special health care needs (medication, allergy, etc.) during class activities, including lunch.

II. Specific Reasons for Referral

Academic

Behavioral

Developmental

Social/Emotional

Vision

Hearing

Speech/Language

Physical

Health

Other

Additional information explaining the above reasons and/or situations which make you feel that an evaluation is needed: