

Referral Date: _____

Santa Maria Joint Union High School District Section 504 Referral Form A

SMHS: ___ **ERHS:** ___ **PVHS:** ___ **DHS:** ___

Student Name: _____ DOB: _____ Sex: _____ Grade: _____

Parent/Guardian: _____ Primary Language: _____

Home Address: _____ Phone: _____

Has the student been previously been evaluated for Special Education under IDEA? Yes: ___ No: ___

Does the student currently or have a history of being provided any services?
(Please list Special Education, Alternative Education, or any related services)

- ✓ _____
- ✓ _____
- ✓ _____

Instructions: Please respond to the following items as completely as possible:

What are your specific concerns with this student's performance?

Academic:

- ✓ _____
- ✓ _____
- ✓ _____
- ✓ _____

Behavioral:

- ✓ _____
- ✓ _____
- ✓ _____
- ✓ _____

What accommodations have been attempted to remediate the above concerns? (Interventions and the outcomes). Please attach any substantiating documentation.

- ✓ _____
- ✓ _____
- ✓ _____

The following documentation and records were considered as part of this Referral for a Section 504 Evaluation.

- ✓ _____
- ✓ _____
- ✓ _____

Evaluation Requested By: _____ Relationship to student: _____

Return this form to the school site Section 504 Coordinator.