REFERRAL FOR CONSIDERATION OF SECTION 504 ELIGIBILITY (SECTION 504 OF THE REHABILITATION ACT OF 1973)

Student Name:		School:			
Date of Birth:		Grade:			
I amconcerned that	spectedSection 504Disability: this studentmay havephysicalor r f W L YHL JV LZHD/O N L Q J ing manuatlasks.	•		-	ĴΛΗ D M K Γ Ø Ί
II. Nature of the Co	oncern:				
A. Describethe phy	ysicabr mentalimpairmentwhich	may besubsta	antially limiting a ma	ajolife activity.	
B. Indicatewhich r	najorlife activity(ies)is/arebeing l	imited, in you	pinion.		
Name R ber	son ral:				
Titl					_ _
Signature		– Da	ate		_
Copies to:	☐ Parent/Guardian ☐ Site Section	504 Coordinato	☐ District 504 Coordir	ator 🔲	