

Pelham City Schools
Section 504 Evaluation Referral

Student Name: _____

School: _____

Date of Birth: _____

Grade: _____

1. Please state the nature of your concern(s):

A. Academic concern(s):

B. Behavioral concern(s):

C. Major life activity that may be limited (e.g. walking, seeing, hearing, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, caring for oneself and/or performing manual tasks):

2. Please describe any supporting observations (including academic, behavioral, or other concerns).

3. Please describe any interventions that have been tried at home or at school.

4. Please attach a copy of the student's most recent grades and/or standardized test scores, if available. Also, attach any medical documentation that supports the student's physical or mental disability.

Signature of Person Making Referral

Title

Date of Referral