

# East Haddam Public Schools Section 504 Referral Form

## I. Identifying Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

Gender: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

Referring Person: \_\_\_\_\_

## II. Background Information

A. Reason for Referral: (Identifying Areas of Concern)

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B. Strategies/Interventions to Date: (attach copies of documentation)

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C. Pertinent Evaluative Data: (e.g. test scores, grades, evaluations, etc.)

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D. Other Relevant Information:

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E. Special Services History

Are you aware of any special services that have been provided to this student in the past?

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If yes, describe the type, location and provider of the service.

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F. Parent Notification:

Has the parent/guardian been notified about your concerns regarding this student? \_\_\_\_\_

If Yes, method of notification: \_\_\_\_\_

Date(s) parent/guardian was notified: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of individual completing this form)