

**MERIDEN PUBLIC SCHOOLS
Section 504 Referral Form**

I. Identifying Information

Name: _____ DOB: _____ Age: _____

Date of Referral: _____

___ Male ___ Female Primary Language: ___ English ___ Other: _____

Referring Person: _____ Relationship to Student: _____

Parent/Guardian: _____

Address: _____ Home Phone: _____ Work Phone: _____

Parent/Guardian _____

Address: _____ Home Phone: _____ Work Phone: _____

Current School: _____ Grade: _____

II. Background Information

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

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

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

D. Other Relevant Information:

E. Special Services History

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

yes no

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

4. Parent Notification [\(if individual other than Parent has made referral\)](#):

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

Yes No

If Yes, method of notification: _____

Date(s) parent/guardian was notified: _____

Signed: _____ Date: _____
(Signature of individual completing this form)

11/19/2019