



**PENN-HARRIS-MADISON
SECTION 504 REFERRAL**

A. Personal Information:

Student _____ Date of Birth _____
Parent/Guardian Name _____
Address _____ Phone _____
School _____ Teacher/Grade _____
Referred by _____ Position _____

B. Case Information:

1. Reason for the referral (describe observations of student, problems presented, student performance, disciplinary history):

2. Strategies/Interventions initiated (attach copies of regular education intervention documentation): _____

3. What mental or physical impairment(s) do you believe this student has? Please describe the condition(s) and/or list information confirming the condition(s) and how you think it is impacting the student.

C. What things do you think are needed to assist the student in being able to benefit from his or her educational experience because of a mental or physical impairment?

Signature of Person Referring: _____

Principal Signature: _____

Date: _____

cc: Parent Teacher
Principal Educational Record