Tipton R-VI

PARENT REFERRAL FOR SECTION 504/TITLE II INITIAL EVALUATION

STUDENT INFORMATION	
Name of Student:	Date of Birth:
School Attending:	Grade:
Parent/Guardian Name:	
Address:	
Phone Number:	Email:

REASON FOR REFERRAL

Provide all reasons that you have for referring your child for a 504/Title II evaluation in the following Major Life Activities:

Major Life Activity	Concerns	What has been tried? How addressed?	Were any of the accommodations successful?
Caring for Oneself			
Hearing			
Walking, Bending, Standing, Lifting			

Learning, Reading			
Thinking, Concentrating			
Performing Manual Tasks			
Eating			
Sleeping			
Speaking, Communicating			
Seeing			
Breathing			
Major Bodily Functions			
Other			
LIST ANY MEDICAL DIAGNOSES with dates and physician:			

EDUCATIONAL INFORMATION

List all schools attended and the dates of attendance at each:

Has the student ever been home schooled? If Yes, please provide dates:

Has the student ever been on an IEP, 504 or other educational support plan? If yes, please describe:

Is the student considered to be bilingual or is English the student's second language?

List any alternative programs in which the student has participated at this or other school districts and the dates of participation: (Examples include but are not limited to Title I programs, Alternative School, English as a Second Language Programs, Response to Intervention programs)

Please describe the results of any such programs:

CULTURAL, ECONOMIC, AND ENVIRONMENTAL FACTORS
Describe any cultural, economic, or environmental factors that you believe may have impacted or limited the student at school or in the school environment:
Is there anything else that is important for the school to know?

_____ _____

Signature of Parent/Guardian Date