

**PERU CENTRAL SCHOOL DISTRICT**

Office of Student Services

P.O. Box 68

Peru, NY 12972-0068

(518)643-6040 Fax: (518) 643-6045

Irene M. Stephney  
Director of Special Education

Dr. Patrick Brimstein  
Superintendent of Schools

**MEMO**

**TO:** Faculty

**FR:** Kathy Caron, Section 504 Chairperson

**RE:** Referral to Section 504

**PLEASE READ THIS PRIOR TO COMPLETING A REFERRAL TO SECTION 504**

Initiating a referral to Section 504 means there is strong reason to believe that a student has a physical or mental impairment that substantially limits a major life activity. **It is not appropriate to refer a student to Section 504 for test accommodations without basis.**

Review and thoroughly document all information that is requested in this referral. If a referral is not complete it may be returned to you for further updating. Providing copies of the requested documentation when referring a student to Section 504 helps the Committee to streamline the process and determine whether a student meets the criteria under the Rehabilitation Action Act of 1973 also known as Section 504.

Prescriptions/notes sent to school, by parents/guardians from medical doctors do not automatically qualify a student for services. The following must take place when a referral to Section 504 is being considered:

1. A completed referral form to Section 504.
2. Written consent gained from parents/guardians for these evaluations.
3. Evaluations conducted by certified pathologists and/or therapists and reports submitted to the Chairperson.
4. The Committee must convene to determine eligibility and develop a written plan.
5. Prescriptions requested from school physicians.
6. Written consent gained from the parents/guardians for the plan to be in place.

No referral to Section 504 should be submitted until parental contact has been made. This means the parent is aware of your referral, and what this referral means.

A referral to Section 504 does not mean a qualification for CSE at a later date. The referral process for CSE is not different because a student is being referred or is classified under Section 504.

If you have any questions or concerns about the procedures that must be followed to consider a student as having handicap/disability that substantially limits a major life activity please call our office at 518-643-6322.

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**Peru Central School District**

**Section 504 Referral**

Irene M. Stephney  
Director of Special Education

Dr. Patrick Brimstein  
Superintendent of Schools

**Referred By:**

**Date:**

Student's Name (Last) (First) (Middle)	Grade	Age	Date of Birth
Student ID Number	Gender	School	Referral Date
Student's Counselor (if appropriate)			
Parent/Guardian	Contact Number(s)	Full Address	
Parent/Guardian	Contact Number(s)	Full Address	

A referral means there is a strong reason to believe that a student has a physical or mental impairment that substantially limits a major life activity. Is there a known physical or mental impairment that exists? If so please describe.

Which major life activity may be limited?

- caring for self
- walking
- seeing
- hearing
- speaking
- breathing
- learning
- working
- perform manual tasks

Describe how the mental or physical impairment impacts a major life activity.

What are your specific concerns about the student's performance?

What interventions have been tried to help this student?

What were the results of the interventions that have been tried to help this student?

What other problems, concerns, or observations would you like to share, with regards to this student?

**Educational History:** Prior/current related services. Check all that are appropriate and indicate teacher.

- SP. ED.:  Teacher:
- AIS:  Teacher:
- OT:  Teacher:
- PT:  Teacher:
- S/L:  Teacher:
- Counseling:  Teacher:

**Educational History:** continued

- Retentions:  No  Yes: Grade Level Retained:      School Year:
- Other:

**Student Performance Summary** - Referring person – check appropriate boxes.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	On standardized achievement tests (i.e., Terra Nova's, ELA/MLA) the student scores markedly below the grade level. ( <b>Attach copy</b> .)
<input type="checkbox"/>	<input type="checkbox"/>	On the district outcome assessments, the student performs below the standard. ( <b>Attach copy</b> )
<input type="checkbox"/>	<input type="checkbox"/>	On grade reports there is an overall pattern of poor grades (significantly below average - D's and F's). ( <b>Attach copy</b> .)
<input type="checkbox"/>	<input type="checkbox"/>	Student has received disciplinary action for inappropriate behavior. ( <b>Attach copy</b> )
<input type="checkbox"/>	<input type="checkbox"/>	Student has special health care needs (medication, allergy, etc.) during class activities, including lunch. ( <b>Attach medical documentation</b> )
<input type="checkbox"/>	<input type="checkbox"/>	Student has a pattern of excessive absences and/or tardiness. ( <b>Attach attendance profile</b> .)

**Specific Services Suggested and Expected Benefits:** (testing accommodations, program modifications, etc.)

**Attachments:** Referring person - check appropriate boxes of supporting documentation that you are providing.

- School Report Card
- Additional parent correspondence/conversations
- Medical Health Information
- Psychological Report
- Educational Assessment Data
- Student Study Team Referral or IST Referral
- Attendance Record
- Disciplinary Notices
- Physician Prescriptions/Notes
- Other:

Date referring person contacted the parents and explained they are making this referral: \_\_\_\_\_

Signature of referring person: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of building principal: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Section 504 Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_