

**Section 504 Suspected Disability Referral**

Austintown Local Schools

CHILD'S NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**CHILD'S INFORMATION**

CHILD'S NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Please complete this form if you suspect that this student may have a physical or mental impairment that substantially limits one or more major life activities.

**NATURE OF CONCERN** (attach additional documentation if necessary)

**1. Check the suspected physical or mental impairment.**

- Allergy \_\_\_\_\_  Asthma  Attention deficit disorder/ADHD  Brain injury
- Cancer  Cerebral Palsy  Developmental aphasia  Diabetes  Dyslexia  Emotional illness
- Epilepsy  Hearing impairment  Heart disease  Minimal brain dysfunction  Multiple sclerosis
- Muscular dystrophy  Orthopedic impairment  Recovering chemically dependent  Seizures
- Speech impairment  Visual impairment  Other: \_\_\_\_\_

State any evaluative/data source supporting the suspected impairment.

\_\_\_\_\_

**2. Identify any major life activity(ies) and/or major bodily function(s) that are limited.**

*activities:*

- Bending
- Breathing
- Caring for ones self
- Communicating
- Concentrating
- Eating
- Hearing
- Learning
- Lifting
- Performing manual tasks
- Reading
- Seeing
- Sleeping
- Speaking
- Standing
- Thinking
- Walking
- Working
- Other: \_\_\_\_\_

*bodily functions:*

- Bladder
- Bowel
- Brain
- Circulatory/Cardiovascular System
- Digestive system
- Endocrine system
- Immune system
- Neurological system
- Normal cell growth
- Respiratory system
- Reproduction
- Other: \_\_\_\_\_

**3. Indicate how any major life activity(ies) and/or major bodily function(s) is/are substantially limited.**

\_\_\_\_\_

**4. To date, what accommodations/modifications/interventions or special provisions have been made to assist the student?**

\_\_\_\_\_

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\_\_\_\_\_  
Signature of Person Making Referral    Relationship to Student    Date

The signature of the individual receiving this referral documents that a copy of this form and Section 504 Procedural Safeguards have been given or sent to the parent or guardian.

\_\_\_\_\_  
Signature of Person Receiving Referral    Title of Person Receiving Referral    Date Received