

Section 504 Referral and Recommendations

Student name Jason Patterson Student # _____ DOB 2/6/2002 Gender M
Home school Vine Maple Middle School IEP Mgr. _____ Grade 1 Age 8 y 7 m
Parent Name(s) James Patterson Ann Patterson
Parent Address 4690 Edsel Road City City Of Commerce St CA Zip 90040
Parent Work _____ Parent Home 818-404-0831
English proficient? ☐ Yes ☐ No Home language _____ Screened by ESL? ☐ Yes ☐ No
Referral made by: _____ Date: _____
Name Position
This referral and function of the Section 504 team have been discussed with the parent/guardian/surrogate: ☐ Yes ☐ No
Describe concerns of: ☐ Teacher ☐ School ☐ Parent Date: _____

Provide information to substantiate concern(s) (i.e., pre-referral data, disciplinary information, screening instruments, observations, anecdotal data, reports, examples of student's work):

Describe interventions already used in attempting to resolve concern(s):

To be completed by the Section 504 Team

Date of Section 504 team meeting: _____

Recommendations:

- ☐ Refer for comprehensive evaluation under IDEA
☐ Screen by ESL
☐ Screen/evaluate for Section 504 eligibility
☐ Other (specify): _____

Section 504 team member responsible to inform parent/guardian/surrogate of recommendations:

Kate Wheeler
Staff name

Resource Model Teacher
Staff position