



## FREMONT UNIFIED SCHOOL DISTRICT Section 504 Referral Form

Name of Student (Last, First) \_\_\_\_\_ Student ID Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Retentions: Year \_\_\_\_\_ Grade \_\_\_\_\_

English Learner:  Yes  No Home Language \_\_\_\_\_ Dominant Language \_\_\_\_\_

Name of Person Making Referral \_\_\_\_\_ Contact Number \_\_\_\_\_

Relationship to Student:  Parent/Guardian  District Staff  Other \_\_\_\_\_

Describe the nature and / or underlying rational for referral:

In addition to any concerns noted above, please check all areas below that affect your student's ability to access educational programs:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Attendance                         | <input type="checkbox"/> Ability to Follow Directions | <input type="checkbox"/> Listening Skills   |
| <input type="checkbox"/> Personal Responsibility            | <input type="checkbox"/> Hearing Ability              | <input type="checkbox"/> Communication (Language Skills, Lisp, Stutter, Articulation) |
| <input type="checkbox"/> Frustration/Gives Up Easily        | <input type="checkbox"/> Disengaged from Education    | <input type="checkbox"/> Vision   |
| <input type="checkbox"/> Organizational Skills              | <input type="checkbox"/> Relationship with Adults     | <input type="checkbox"/> Fine Motor Skills  |
| <input type="checkbox"/> Memory/Retention                   | <input type="checkbox"/> Relationship with Peers      | <input type="checkbox"/> Gross Motor Skills (Coordination/Mobility)                   |
| <input type="checkbox"/> Ability to Focus on Tasks          | <input type="checkbox"/> Social Skills                |   |
| <input type="checkbox"/> Health Concerns (Please describe): |   |   |

Describe the basis for the determination or possibility of the student's disability:

Describe prior student interventions/accommodations developed and implemented, and their effectiveness:

Please provide any additional information you have related to this student that would help the 504 Team determine what accommodations or related services may be necessary: