# 504 Referral Form 2026-2027

**Date: _____**

1. **Identifying Information:**

    a. **Student's Name:**
    b. **Address:**
    c. **Parent/Guardian:**
    d. **Telephone:**
    e. **Teacher/Grade:**
    f. **Date of Birth:**
    g: **Gender:**

2. **Describe the nature of the handicap and how the child's current academic program discriminates against the student.**

3. **Describe how the student's handicap affects a major life activity (such as hearing, walking, seeing, speaking, breathing, learning or working). Please attach any supporting documentation.**

4. **What, if any, specific accommodations are you seeking?**

**In order to help the 504 committee evaluate your request, we ask that you return this form with two professional evaluations (one of which is medical) to your child's school counselor.**

**1. Professional's Name & Title:** **Phone Number:**
**2. Doctor's Name:** **Phone Number:**

**Under Section 504 regulations, the district is required to evaluate a student only when it has reason to believe that the child needs Special Education or related services. If the district does not have such a belief, the district is not required to evaluate the student.**

**Parent(s) Signature: _____ Date: _____**

**Signature of Person Initiating the Referral/Date_____**

**Signature of Supervisor of Special Services/Date_____**

***This document must be completed accurately. All supporting documents must be attached with this referral if applicable. Please send this referral and all supporting documents to Sally Moreno in the Child Study Team Office (smoreno@ftschool.org).***