

**OLIVET COMMUNITY SCHOOLS
FORM B: SECTION 504 REFERRAL**

Referral date:	
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Student Information					
Student's Name:		Grade:		Date:	
School(Building):		DOB:		Gender:	

Person(s) Submitting Referral (place and x in the box that applies)							
	Staff Recommendation		Intervention Team		Parent		Other

Other Background Information:			
	Student has or had an IEP.		Student has an unrelated 504 plan.
	Student being evaluated for an IEP.		Student has prior 504 referrals.
	Student does not qualify for IEP		Student is ELL
	Student has prior IEP referrals		interpreter is needed for parents.

Current Concern: A Section 504 eligible student exhibits a physical or mental impairment that substantially limits one or more major life activities.
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<p>Cause of Concern: There is reasonable cause to suspect that this student has a handicap, which substantially limits one or more of the following major life activities: (Place an x in the boxes that apply)</p> <p>Standards for Defining a Substantial Limitation</p> <ul style="list-style-type: none"> • Normal Expectation: Student participation and/or functioning is within normal expectation when compared to non-disabled peers. • Accessible Functioning: Some limitation of participation or functioning but student is able to meet expectations of non-disabled peers with differentiation and/or typical accommodations. • Substantial Limitation: The condition prevents the individual from participation in or functioning at expectation of non-disabled peers.
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	Learning/Academic		Social Emotional		Behavioral
	Communication		Vision		Hearing
	Motor/Movement		Self-Help Skills		Medical
	Other:		Other:		Other:

Describe the concern and how the suspected physical or mental impairment causes a limitation to life activity.
Provide any information regarding interventions, both helpful and not helpful, that have been used in the past.
If applicable, provide any information regarding prior referrals, evaluations, 504 Plans, or IEPs.

Prior Referrals:

	Intervention Team (Attach copy of Referral, Action Plan, and Data)
	IEP (Attach copy of Referral, MET Summary, and IEP)

Referred by:		Relationship to child:	
Phone:		Email:	
Received by:		Date:	

Please Submit form to:

Troy Waffle
District Section 504 Coordinator
Olivet Community Schools
255 First Street
Olivet Michigan, 49076
(269) 749 - 9129

Or the appropriate Building Lead Contact

Jennifer Longden
FPE Principal
Building 504 Lead Contact
Fern Persons Elementary
School
4425 Butterfield Rd
Olivet Michigan 49076
(269) 749 - 4611

Meghan Loughlin-Krusky
OMS 4/5 OMS Principal
4/5 504 Lead Contact
Olivet Middle School
255 First Street
Olivet Michigan 49076
(269) 749 - 9953

Paul Stanton
OMS 6-8 Principal
6-8 504 Lead Contact
Olivet Middle School
255 First Street
Olivet Michigan 49076
(269) 749 - 9953

Troy Waffle
OHS Principal
Building 504 Lead
Contact
Olivet High School
255 First Street
Olivet Michigan 49076
(269) 749 - 3671